My 4,5 A x - A A, Co. AMMAGAGE AAGEN HOSPITAL MATTON-POT SCHEL My A. A. Morrighton X & Callete Creek former No 11-27-6182 herd Frey-Total Vickley Re BRITAL STORE BERNER HOLL FOR Apolio HAL Mid E. Frederick Land Steel Tolder

6		FOR - STATE REGISTRAR		CERTIF	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	1 1	2	2 3 EDT
OF A		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH M		YEAR	26 HOUR P
( ( mm)	3. SE	BROOK!	E CLAIR  I4. RACE	A 5. DATE O	KERS	MAY 10,		NDER 1 YEAR	9:50 M
		Mah	White		. 8, 1897 EAR	85	YRS.	HS DAYS	HOURS MIN.
Section of the sectio		RTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76. CITIZEN OF WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OR ANNE ARUNDI			MD.
by the filled with		GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A NORTH ARUNDEL	HOSP	Market Company of the second	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF TE DUCATOR		zb. KIND O NDUSTRY Retir	ed
filled in I hould be from the filled in I hould be from the from t	13a. S	Md. 136 COUR		V I	13d. Inside City Limits?	439 Burns	Crossin	g Roa	d
ompletely ond 2 sh		ATHER'S NAME James	F. Akers		Polly	MIDDLE		McCo	mas
Poges medical	16a V	VAS DECEASED EVER IN U.S. AR YES. NOOR UNKNOWN) (IF YES. GIN	WW 1 1 236-01-7		Mrs. Lula Ak	ADDRES ers Wife s		13	1341
the death certificate b the attending physician remove carbangopers, emotion, ar removal. er troumotic event, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' onditions, if ony, which gove rise to immediate couse (o), stofting the	nly one couse per line for (om/b), and	NOE REL	Myread	leal mo	coler		MATE INTÉRVAL INSET AND DEATH
ow requires that s been signed by rmit. Then please prior to burial, cr. ony injury, ar oth	CERTIFICATION	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO D	reli	volence of	livel	TION GIVEN II  206. IF YES, WE	RE FINDIN	GS USED
SICIAN: The Ing physician certificate hourial-transit perental Hygiene Item 18 shows	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE-	HOUR A.M. MONTH DA	Y YEAR	217 HOW INJURY OCCURRI	YES NO BED (ENTER NATURE OF INJURY	YES [		NO []
TENDING PHY ital ar attending a contending to the state this or use as the bind the attended or the state of	MED	21d. INJURY OCCUPACE WHILE AT WORK IN THE AT WORK  17a I certify that III (this hospital of the declared alive on	1 3/10/119	4/12	211. LOCATION SIREET  2  2  19  d that in (my) (our) opinion d	city OR TOWN	A2 19_		hot (1) (we) last
SPITAL OR AT LEAST LEAST OF AT LEAST DIRECT STORE DEPT: ANT: If Item		276 SIGNATURE	My Bolam		ATTENDING PHYSICIAN	Oakwood Road	AN 🗆	17. DATE	1/82
etoined by TO FUNER should be of with the Ste		JORGE B. RAMI	IREZ, M.D.			Burnie, Mary		1061	10
	23o. E	URIAL, CREMATION, REMOVAL	Contract to the second second		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	UNTY	STATE
BP DHMH - 16 50M 1/81 (VRA 15, 4)		Burial UNERAL DIRECTOR Messes Kirkley	14 May 82   G  , Glen Burnie°, ™d		ven Memorial	Glen Burn: REC'D. BY REGISTRAR 25 Y 1 9 1982	b. REGISTRAR	SSIGNATI	JRE

0 2 2 1 1 The state of the s The Whatehouse July 1 Cold - Continued to 1/2/12 - 1/2/2 A/0/2

Male TERES OF STAW SIAM laboure and an Alice and a second sec Battle 12 1 James Brook X South Line Range AM Electrical and a promotion of the distriction of the state of the stat Severe lep Cerebre des function Destract William Committee of the Committee of th A STATE OF THE PARTY OF THE PAR MANUEL PROPERTY OF THE CONTRACTOR OF LAND CAR OF Street Day of the Committee of th all all several 200 solver Martist

/	1-	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 2	10.	1225
0	(TYPE	CEASED NAME PIRST	11	AIDOLE	AT	WOOD	20 DATE OF DEATH	5 15	82 8:25 M
0	3. SE	F.	1 RACE	)	5. DATE C		6 AGE (IN YEARS LAST BE	YRS.	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DATS HOURS MIN.
15	\a Bi	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Pa.	U.S.	what country?	MARRIE	DIVORCED	BALTIMORECITY O	rundel	
operation of the second	A	nnapolis	Anne	Arundel (	ADDRESS) Gen. H	OR OTHER INSTITUTION	12a USUAL OCCUPAT {TYPE OF WORK FOR MOST HOMEMAKE	OF WORKING LIFE)	12b. KIND OF BUSINESS OR
St. Park	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Annapo.	/N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2531 Carr	ollton	Road
12C		ATHER'S NAME FIRST	L.	Hill		15 MOTHER'S MAIDEN NA/ PIRST Minerva	WE		Degelman
medical		NAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI NO	MED FORCES? E WAR OR DATES]	214-48-	41000	Mr. Robert A	Atwood A	ESS 2531 nnapoli	Carrollton Rd
njury, ar ather traumotic even	NOI	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OF	PAS A CONSEOU	ence of	Cell Cane		ADITION GIVER	3 years
Sows ony	FICAT	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDINGS USED ING CAUSES OF DEATH?
ltem 18 st	CAL CERTI	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	***	M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	IT I OR PART 2)
marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE ALL WORK	21e. PLACE ( (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCATION STREET	City OR TO	OWN	COUNTY STATE
If Item 21 is		220. I certify that (I) (this happing saw the deceased alive on above, the (we) (did) (who happing the GIGNATURE)	5-15	19.5		. 19	death occurred on the c	FF	9, that (I) (and lost and from the couses stated  22c. DATE SIGNED  5.15-8.2
MPORTANT		1419 Forest 1	PUVC	Anua	pla	120 ADDRESS Med 2-140	3- 267	1-9211	
//		BURIAL, CREMATION, REMOVAL	23b DATE 5/15/		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
NAME
Anatomy Board

Balto., Md.

MAY 2.1 1982 Zanes Se Mother

		Contraction of		
	attent rooms			
		anou.		
		STATE OF STATE OF		
				A STATE OF THE PARTY OF THE PAR
N 892 715 12				
	the same of the sa			
		5 5 5 5		

A. Rice FSPA 1300 Eutaw Place

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH 2h HOUR 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel Co. 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Glidden Corp 13392 A Woods Road Pasadena Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH day 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED Anne Arundel General Hospital Magothy 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

24. FUNERAL DIRECTOR

- STATE

REGISTRAR

of the state of . OU TENER DARRES Telegraphical and Indiana action billions · 10. months The sino is specific and the second s e Ind. cions alved best THE THE REAL PROPERTY OF THE PARTY OF THE PA Jing. A. Alos Alex 1909 Inter Fine

18			1 -	FOR STATE		DEPARTMENT OF H	E OF MAKTLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 2	112	27
	noy be page 3 page 3			REGISTRAR  ASED NAME FIRST R PRINT!	3ERT		BALL, SY	REG. N	0. MONTH DAY YEAR 26-87	26 HOUR 930 M
	director po		3. SEX	MALE THPLACE ISTATE OR FOREIGN	NHITE  The CITIZEN OF WHAT	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR'S 54	HDAY]  IF UNDER 1 YEAR MONTHS  VRS.  DR COUNTY OF DEATH	IF UNDER 24 HRS HOURS MIN
	fter deoth. I the funerol d within 72 h	35	ME	ST VIRGINIA FOR TOWN OF DEATH	USA	MARRIE. WIDOWE	DE DIVORCED DE OTHER INSTITUTION	ANNE /	PRUNDEL	MD. OF BUSINESS OR
D 21201	filled in by the outle of filled in by the ould be filled in the filled	24 24	130. ST.		NORTH ARE	UNDEL HOS SIDENCE BEFORE ADMISSION) TY OR TOWN	PITAL 134. INSIDE CITY LIMITS?	CONSCLE C	PPER, CHES	
MARYLAN	mpletely fill ond 2 shou	20	4. FAT	HER'S NAME		BALL	15. MOTHER'S MAIDEN NA FIRST  MAUDE		CRA	WFORD
LTIMORE,	e be execut cion and ca ers. Pages 1 I. the medical.	1	(YES	NO -	MED FORCES? 16b. SO WAR OR DATES)	OCIAL SECURITY NO.	GLOKIA ROS	3 BALL (	SAME AS I	(MATE INTERVAL ONSET AND DEATH
101 W. PRESTON ST., BA	that the death certifical d by the attending physicals remove carbon pop iol, cremation, or removo			Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)	CONSEQUENCE OF	leal my	archin	43	ninuts
ECORDS, 3	been sign mit. Then priar to bu	Q	NOL	PART 2. OTHER SIGNIFICANT C	nn	OR WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, WERE FIND	NGS USED
OF VITAL R	iySiCIAN: The loding physicion. is certificate has burial-transit per Mental Hygiene pr Hem 18 shows or Hem 18 shows	9	٠ يـ	(I) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJU HOUR A.M. M		21c HOW INJURY OCCUR	YES NO	YES 🗌	NO []
DIVISION OF	this the bund w		WED	1d. INJURY OCCURRED  WHILE DOT WHILE DAT WORK	21e. PLACE OF INJI (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	0	STATE
•	ral OR ATTENDING y the hospital or off RAL DIRECTOR. After detached for use os it note Dept. of Health or Use Manual is market.		2	(20.1 certify that (1) (this hospit saw the deceased alive an above, (1) (west (did) (did not (2b. SIGNATURE)	3/24	eath. 19. 82-, dr	d that in (my) (agr) opinion DEGREE ATTENDING PHYSICIAN	, to	ote and hour and from the	
	TO HOSPITA retoined by TO FUNERA should be de with the Stot	1		2d PHYSICIAN'S NAME (TYPE OF	ughlin		3708 Mon	entain Re	1. Pasada	us. had
	BP		(SPE	RIAL, CREMATION, REMOVAL BURIAL BERAL DIRECTOR	236. DATE MAY 31, 198	2 HIGHLAND	MEMORY GREDE		LOUNTY LAWREN  256 REGISTBANS SIGNA	
DI	HMH - 16 60M 7/73 (VR A 15 (4))		9)	BEETS BARRI	ANCO	SEVERNA P	THE PROPERTY	11 1982	have Jan	No.

The State of the S Asks Aranbet and the second of the second o The substitute make the second control of the second secon

1	FOR STATE REGISTRAR	DEPARTMENT OF H	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2	11228
	ECEASED NAME FIRST FIRST Engel	ine Broke	indt	20 DATE OF DEATH MONTH	127-82 7 15
3. 51	EX	4. RACE S. DATE C. MONTO		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70.8	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE		9. BALTIMORE CITY OR COU	
notified 10 0	illers ville Md	11. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
#36 13a	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 131: CITY OR TOWN SEVERN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	station RD
10 ZO 14 F	ATHER'S NAME FIRST Late	MIDDLE Knieper	15 MOTHER'S MAIDEN NA	e Unknown	LAST
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	17 INFORMANT  Alexander Mo	aIntyre 1416	Md. CypressRd Severn
atic event, th	PART I. DEATH WAS CAUSE	TE CAUSE (o)	tory Acres	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ar other troumo	Conditions, if ony, which gave rise to immediate cause io, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  (c)	(P Lemiso	Here CVA	
7. 0	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
8 shows any injui	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
-/ 5	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
rked or Item	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healt	sow the deceased alive on	of the deceased from 19 82 or	nd that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
NT: If Item	22b. SIGNAUPE July		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-28-83
PORTANT	22d. PHYSICIAN'S NAME (TYPE C	S Rhodes Mi	22e ADDRESS	ftm (ent	e (-offer)

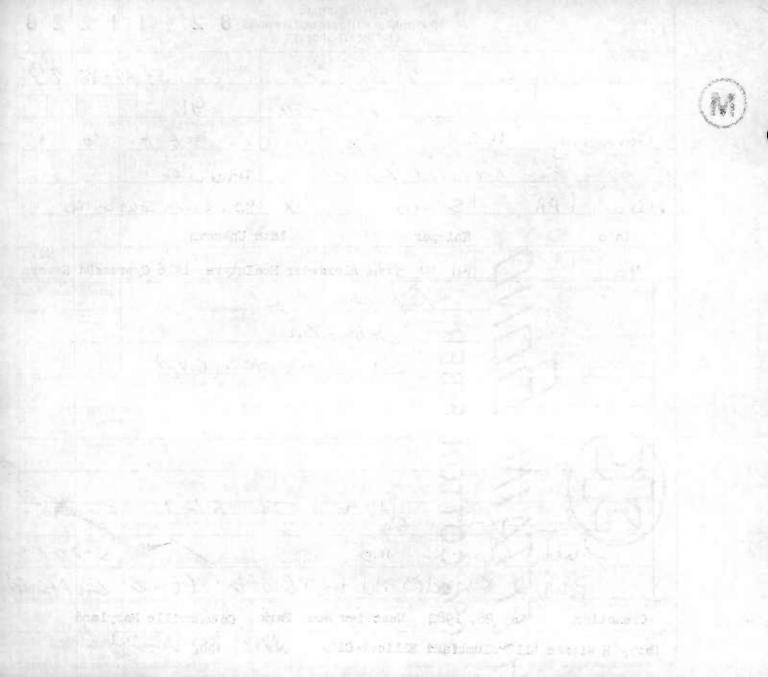
DHMH - 16 50M 1/81 {VRA 15, 4}

Cremation

24 FUNERAL DIRECTOR Harry H Witzke 4112 Columbia Rd Ellicott City

73b. DATE May 28, 1982

23c. NAME OF CEMETERY OR CREMATORY
Westview Mem. Park Catonsville Maryland



/1		em 6 g56	8 6/4/8	32 gj	DEPAR	STA		MARYLAN		YGIENE	6			.3	0	a
6/		STATE REGISTRAR		M		EXAMIN		CERTIFIC		F DEA	TH 4	REG. N	10.	bra	L.	7
		CEASED NAME	FIRST	4-7-4	MIDDLE	W. S.		LAST		2	a. DATE	KNOWN .		DAY	YEAR	26 HOUR
	(		Willi	iam				Barnes			OF DEATH	MATED	□ 5	14	1982	M
	3. SEX		RACE	5. DATE OF BIRT		LAST BIRTHO	DAY) MON	NDER 1 YR.	IF UNDER		C DATE	CED	HTMOM		YEAR	6:15
	Ma	THPLACE (STATE	Black	9 29			<del>k</del> 9				DEAD	OPE CITY	OR COUN	14	182	ам
5	FOI	napol!		1000	JS A	NIKI?		VED NEV	VER MARRI	ED LX			del C			440
	10. CI	Y OR TOWN OF	DEATH	II. NAME OF H	OSPITAL, N	URSING HOM				12a USU	AL OCCUP	ATION (T	YPE OF WORK	12b. KI	IND OF BUR INDUST	ISINESS
C		len Burr		7355 Ft	irnace	Branc		ad				Cook	<			
1	13a. S1	ATE	13b. COUN	OR OTHER INSTITUTION	13c. 913	Y-ORTOWN.	(NOI)	134. INSIDE CI		13e. STREI						
-		Md.		7/7	I Ba	ito.	_	YES	NOX X	735	5 Fu	rnar	nce E	3 <b>r</b> ar	nch I	₹₫.
24	)	FIRST		WIDDLE		LAST		Mar	R'S MAIDE		M	DDLE			LAST	
	16a. W	AS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SC	OCIAL SECURI	TY NO.	17. INFORM	MANT			ADDRES	SS			
	( YE	s, но, оя инкноwн No	(IF YES, GIVE	WAR OR DATES)				Mari	on B	arne	s 73	55 F	urma	ance	e Rd	
f		18 CAUSE OF D	EATH (Enter or H WAS CAUSE	nly one couse per 1	ine for (o), (	b), and (c).)								A	PPROXIMAT	E INTERVAL T AND DEATH
		Q/I	IMMEDIA	TE CAUSE (a)				est								
BALIMORE, MARTININ, 21201 PRICK TO BOKINAL, CREMATION, OR REMOVAL.		Conditions	if any, which		OR AS A CO	NSEQUENCE	OF									
	-	gove rise	to immediate	(b)	OR AS A CO	NSEQUENCE	0.5	- 1000						-		
		lying cause		DOE TO,	JR AS A CO	INSEGUENCE	Or									
	Ē	PART 2 OTHER SIGNII	ICANT CONDITIONS	CONTRIBUTING TO DE	TH BUT NOT RE	LATEO TO THE TER	MINAL DISEA	SE OR CONDITION	N GIVEN IN PAR	RT 1 (a).						
4	CERTIFICATION	19a. DATE OF OF	PERATION	Tink CON	DITION FOR	R WHICH OPE	BATIONIN	VAS DEDECOR	44ED2					Inc	AUTORCY	
	FICA	176. DATE OF OR	EKATION	190 CON	DITION FOR	K WHICH OPE	KATION	VAS PERFOR	MED?						AUTOPSY	
4	ERT	210. EXTERNAL C	AUSE WAS		OF INJURY	100 TOTAL	21c H	OW INJURY	OCCURRE	D (ENTER NA	ATURE OF INJ	URY IN ITEM 1	18 PART 1 OR P	_	YES X	NO [
5		UNDERLYING CONTRIBUTING	OR CAUSE OF			14 19 8		ubject	stah	bed						
	MEDICAL	21d INJURY OCC	URRED	Tle PLAC	E OF INJUR	Y TATHOWE	711.00	CATION			CITY OR TOV	VN		OLINTY		STATE
	2	AT WORK	T WORK		home		73	55 Fur	nace	Branc			n Bur	nie	, A.A	.,MD.
		22a. I certify )	ber Flook char	ge of the remains	described ob	own held an	Autor		Inspection		Inquiry		and in my c	pinion		
		death resulted	from Nego	Acouses A	Agoden	S. S.	uicide	, Homic	ide X	Undeter	rmined ma	nner 🗌	),			
4		ACTUAL (	//	1 Y	14-	10		TITLE (SE					DATE		E / 1 /	102
		SIGNATURE	1	COMPAN	The	W.	^	<sub>A.D.</sub> Depu	Ty Ch	I E TEDR	CALEXAM	INER	SIGN	ED	5/14/	02
2	-	EXAMINER'S NA (TYPE OR PRINT)	ME Th	omas D.	Smith	M.D.	R.	_ADDRESS	111	Penn	St.	Bal	to.,	MD.		
	23a. BU	JRIAL, CREMATIC		23b. DATE	23c.	NAME OF CE	METERY		ORY	23d. LOC	ATION		co	UNTY	S.	TATE
_ ,		Bur	lai	5/19/82	2 K	ING M	EM.		AC	В	ALTO		MD			
,		NERAL DIRECTO		4600	ES RER	TY HG	TS A		25a. DATE R	Y 20		R ZSE REC	GISTRAR'S	SIGNA	PASTE.	10
	L, L.	NOT U.	וושוט	7000		1110	. 0 /	7 60 0	mA	1 60	1982	Jen 10	and A	1000	A STATE OF THE PARTY OF THE PAR	

-17 רו מו יר יי יידור אוויד אוויד ATOM A MINISTER OF THE REAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF the state of the s

The state of the s

Terrolo de la comption de la compti Harage of the House House of Lorent House of the State of Land The same of the sa 140 Classon & Fast to Far to But Gate Canal & 156 GO ST BOUTEND - CONTINUED TO STATE OF THE

0	0	1	FOR			DEDARTA		OF MARYL	AND MENTAL HYC	NEMP ()		A 200 NO	-0
8	b	11-	STATE REGISTRAR		M				FICATE OF		REG. NO.	123	2
	1		EASED NAME	FIRST	700000	WIDDLE		LAST		R. Zo. DATE	(NOWN A	ONTH DAY YEAR	2b. HOUR
	1	(146	OR PRINT)	HART	29	S.		Bow		OF DEATH	MATED 1 3	24 1952	- 1m
	(M)	3. SEX	Male	Catto.	MONTH DAY	YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS		N. PRONOUN	CED	NTH DAY YEAR	2d. HOUR
	2 1 2 2 1 W	7n BI	RTHPLACE (STA	TE OR	76. CITIZEN OF W	HAT COUNTR	74 YRS.			DEAD	OPE CITY OF CO	UNTY OF DEATH	TIM
	WEH	FO	Wash	. D.C.	U.S		^	AARRIED X	DIVORCED		D. A. C	0 .	AAD
	PAGE BE FILED	10. CI	Y OR TOWN C	PE DEATH	11. NAME OF HO	SPITAL, NURS	ING HOME, OF	OTHER INST	I te L R	FOR MOST OF WORK	ATION (TYPE OF W	Office	USINESS JRDD Y
1201	ANY DE AND 3 T RETAIN HOULD B	13a. Ş	ATE ATE	13b. COUNT		TISC. CITY O			DE CITY LIMITS? 134				
D. 2	H. IF 13.		THER'S NAME						THER'S MAIDEN I	AME			
BALTIMORE, MD. 21201	ORM PM		Harry	y S		owman			Carri	e i	Bell	De Iche	r
WO	FTER DE FORM ES 1 AN ON	16a. W	5, NO, OR UNKNOW	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)		L SECURITY NO		DRMANT	0.0-	ADDRESS		fton
SALT	B. GIVE PA B. GIVE PA WITH FOR I. PAGES 1 DIVISION	-	no		y one couse per im		05-220	I Ka	thleen	G. BOWM	an, 1/43	Dana, St	t., Mc
301 W. PRESTON ST.,	XECUTED WITHIN 24 HC G". IN PENCIL IN ITEM 1 SAL EXAMINER ALONG BURIAL-TRANSIT PERMIT AND MENIAL HYGENE, ON, OR REMOVAL.		414 Canditions gove rise	, if any, which to immediate tating the under-	E CAUSE (o) DUE TO, OI (b)	R AS A CONSE	SUENCE OF	ery o	ficeas			Jud .	ET AHIS DEATH
CORDS,	<b>四乙芸⋖ヶ</b> 言	NO	PART 2 OTHER SIGN	NIFICANT CONDITIONS O	ONTRIBUTING TO OFATE	BUT NOT RELATED	TO THE TERMINAL	DISEASE OR CONOI	TION GIVEN IN PART 1	(a).			
TAL RE	SSEDRA	CERTIFICATION	19a. DATE OF C	PERATION	196. COND	ITION FOR WE	IICH OPERATIO	N WAS PERF	ORMED?			20. AUTOPS	NO A
DIVISION OF VITAL RECORDS,	S CERTIFICATE SHORING THE WORD TO THE CHE S SHOULD BE US DEPARTMENT OF PRIORFO BURIAL.	MEDICAL CERT		OR G CAUSE OF D	EATH P.A	A. MONTH D	19		RY OCCURRED (	NTER NATURE OF INJU	RY IN ITEM 18 PART 1		110
DIVIS	WAY WAS ZOI	MED	21d. INJURY OC WHILE AT WORK	NOT WHILE AT WORK		OF INJURY {		f. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
•	XAMINE EERTIFICA ILD BE FO DIRECTOR WITH THE ARYLAND,		22a. I certify death resulted ACTUAL SIGNATURE	-	e of the remains de	Accident	held an A		Inspection	Inquiry Indetermined mor	nner .	ATE 5/24	lov
	MEDI SE 4 FUNE FUNE FINO IMOI	di .	EXAMINER'S N (TYPE OR PRIN		LIPHA	coT		ADDRES	Jun	melis	wh		
		230. BU	RIAL, CREMATI Cremat	ON,REMOVAL Z	5/25/82		ME OF CEMETE			Brenty	rood. M	ary land	STATE
	DHMH - 17 (VR A15 ME (5))		NERAL DIRECT	OR Bea	II Fune	ral Ho	ome Alor			D, BY REGISTRAF	MI REGISTION	U SIGNATURE T	h ,
	15M 7/77	16	UUU Ar	napoli	s Rd.,	ROM IE	Md.		M(7) A	1000			

2 2 3 1 1 2 3 2 La Parke Tolk and I .A.2.U. = .0.F., .624W Aryland L.A. Crofton x 1763 Fam Street Harry S. Bowmoo Carrie Bell Micken Corrie Corton Corrie Corton Co

Contion (2007) It. Lincoln Cen. Stantonor, Maril Stall Force Incressor.

STATE OF MARYLAND

A STREET, STRE CONTRACTOR OF THE STATE OF THE Fem le Cuchsian 1- 31- 1897 E-1897 i∋nne Ammirel Glen Summie Worth wrencel nossital home waker Mr. Cofton x 1913 Lawton St., un Alfred Mortimer Mann 311-46-534 Brook L Branct Same 18 4 13 The Sealth of the write of the production Build Fee D Neep le Comete v Langlan Elton Michiga Seall Funeral hore
16,00 Annapols t. Equit, Mr.

2	REGISTRAR			CERTIFICATE OF DEATH	REG. NO	2	
1	DECEASED NAME	FIRST	WIDDLE	LAST			EAR 2b. HOUS
	THE ORPRINI)	Thomas	s Leo	Brezler III	May 17,	1982	3 00 A
3	SEX	4.	RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		
6	Male		White	March 23, 1970	12	YRS	DATS HOURS MIN.
170	BIRTHPLACE (STA	TE OR FOREIGN 7	CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O		TH
9	Marylar		U.S.A.	WIDOWED DIVORCED	Anne i	Arundel	Co., MI
10	CITY OR TOWN O	DEATH 1	1. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		IND OF BUSINESS OR
7	Glen Bu		1123 Leonar				School School
	SUAL RESIDENCE (18	NURSING HOME OR O		FORE ADMISSION)	13e. STREET ADDRESS		DOMOGE
9	Maryland	A.A			1123 Leo	nard Dri	Ve
7 14	. FATHER'S NAME	MII	DDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE		
0	Thom		. Brezle	er II Joanne	T		Kuh 1
16	WAS DECEASED I		ED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMAN Step	-father DRES	Same	as # 13
	(YES, NO OR UNKNOW)	N/	A 216.86	.4093 Mr. Harry	J. Godlov		
	18 CAUSE OF C	EATH (Enter only TH WAS CAUSED	one couse per line for (a), (b),				PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	PARTI. DEA	IMMEDIATE	CAUSE (0) CARD	INC AND RESPIRAT	OR- FAILU	RE 6	MONTHS
	27'	70	DUE TO, OR AS A CONSE	QUENCE OF			
	Conditions, if		(b)	CYSTIC FIRE	LOSIS	F	ROM BIRTH
		stoting the	DUE TO, OR AS A CONSEC	QUENCE OF		NE REAL IS	
	underlying o	ouse lost.	(c)				
١,	PART 2 OTHER	SIGNIFICANT CO	INDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PA	RT Ira
;	19a. DATE OF OF						ELVIS TELLIS
7	190. DATE OF OF	ERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	
					YES NO	YES 🗌	NO 🗌
11		CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PAR	RT 2)
/ 3	(IF EITHER NOTIFY	MEDICAL EXAMINER)	P.M.	19			
	21d INJURY OC		21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	211. LOCATION STREET	CITY OR TOW	vn COUNT	TY STATE
-9		OT WHILE					
10			ottended the deceased from	60		19_80	, that (I) (we) lost
43	obove, (i) (v		view the body after death.	sale ond that in (my) (our) opinion of	death occurred on the dat	te and hour and from	n the couses stated
	22h SIGNATURE		0 -	DEGREE	MEDICAL STAFF		DATE SIGNED
	125		Corenten	M. D. ATTENDING PHYSICIAN	MEDICAL STAFF		117/82
		SHAME (TYPE OR PI		22e ADDRESS			,
	I ISE	KYI V.	ROSENSTU	IN JOHNS HOPE	INS HOSP.	BALTIMO	RE, MA
0.0	- DUDIAL COSTANT	ON DELLOUIN	101 0 100				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

Singleton Funeral Home ADDRESS Glen Burnie. MD.

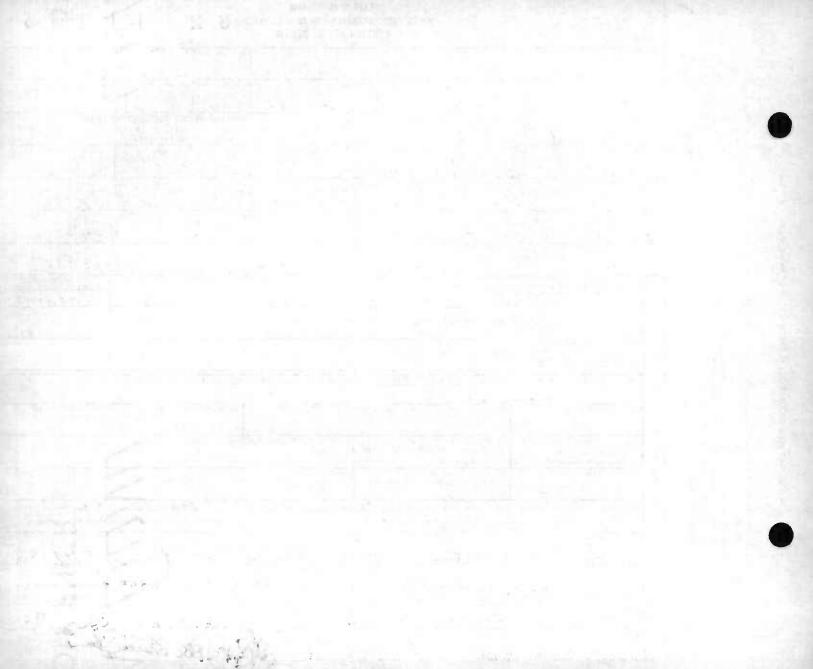
20'May 82

BALTIMORE, 23c NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Pk. Glen Burnie

E U.S. I. F. A. State of the street of the izgrin erin i promo vija man i i sigri engan i promo p The state of the product of the state of the AND RESIDENCE OF THE PROPERTY KRTHAN A PAN STERNAS HARRAN SERVICE SERVICES And a series and from the series of the series and the series and . It a graph of a billion of the 1.18 1892 Blive Jon J. Fetter

8	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MI CERTIFICATE OF DE		1 1 2 3 5
noy be	I. DE	CEASED NAME FIRST	Broome	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR M
offer p	3. SE	Female	RACE S. DATE OF BIRTH Morth 28	YEAR 20	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. PRS.
oth.		RTHPLACE ISTATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MA WIDOWED DIVO	A BALTIMORE CITY OF COL	UNTY OF DEATH
the second	) CI	Severn	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT (IF NOT IN SUCH WELLTY, GIVE STREET ADDRESS) 15.35 ONATO AVC	TUTION 12a USUAL OCCUPATION (TYPEO) WORK FOR MOST OF WORK  SPECIAL A	ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
ND 2120 24 hour filled in ould be f	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 CITYOR TOWN 136 INSIDE CITY		and Sue
	1	suford tro		erly .	Mister
MORI e exe n and Page:	160. V	VAS DECEASED EVER IN U.S. AR (15, NO GRUNKNOWN) (15 YES, GIV	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMAN 216-74-0659 Butord		ame as #13
		PART I. DEATH WAS CAUSE	nly one couse per line far (a), (b), and (c) ) ED BY: TE CAUSE (o) CARDIAC AND RESP	CIRATORY FAILVRE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  G MONTHS
1 W. PRESTON hat the deoth c by the attendir ose remove carl il, cremotion, or		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  (b) CYSTIC FIBRO  DUE TO, OR AS A CONSEQUENCE OF	s'ıs	FROM BIRTH
orday 301 v	NOI		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE OR CONDITION	N GIVEN IN PART Ital
ITAL RECOR	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORM	MED 200 AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
ON OF VITAL RE TYSICIAN; The lo ding physicion. Serrificate pros buriol-tronsit pers Mental Hygiene p r frem 18 shows	_	? (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	JRY OCCURRED (ENTER NATURE OF MJURY IN ITE	M. 18, PART 1 OR PART 2)
DING PHYSICIA or ottending by After this certifice os the buriol- oith and Mento marked or them	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIII or Spitol or USe for USe of Health		sow the deceased alive or above, (I) (we) (did) (did no	atol) attended the deceased from TV/  AND 12 19 82, and that in (my) (and the body after death.	our) opinion death occurred on the date one	
· - · - ·		22b. SIGNATURE	reluter 190 PH	TENDING MEDICAL STAFF TYSICIAN PHYSICIAN [	5/17/82
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Store		BERY J.	ROSENSTE'IN JUHNS	HOAKINS HOSE. BA	LTIMORE, MD.
7 2 2 2	(:	BURIAL, CREMATION, REMOVAL	5-19-82 Gkn Haven	em. Glen Burnie	e SAGO MA.
DHMH-16 60M 1/73 (VR A 15 (4))	24. FL	ardesty typeral	Home Annapolis, Md.	256. DATE REC'D, BY REGISTRAR 255 RE	ALSO STATES

STATE OF MARYLAND



LAK.				STATE OF MARYLAND
15		1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 4 1 1 4 3 5 CERTIFICATE OF DEATH
	S = I		CEASED NAME FIRST	REG. NO.  MIDDLE LAST Zo. DATE OF DEATH MONTH DAY YEAR 26. HOUR
be yo	boge (		John	n E. Drejan dr 5-20-82 12:00 N
	director. p	3. SE	MALE	4. RACE White 03 09 20 62 YRS IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
of P. P.	funeral di thin 72 ho	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED A NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
er de	rithin rithin	10 C	ITY OR TOWN OF DEATH	WIDOWES DIVORCED ANNE ARUNGEL MD.  11. NAME OF HOSPITAL NURSING HOME OR CITHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
201 rs ofte	E forth	A	UNAPOLIS Md.	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ANNE ARUNDE GENERAL HOSPITAL (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY t Employe
AND 212	filled in hould be	13a.	LARVIAND ANNO	NTY 130 CITY OR TOWN 130 INSIDE CITY LIMITS? 130 STREET ADDRESS  ARUMAN MILERSUITE YES 10 10 1788 OAKAALE CIRCLE
, MARYLAND	ompletely 1 and 2 sh	-	John E. Bryan	
BALTIMORE,	rs. Pages 1	160 Y	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) WITT	220-03-3978 John B. Bryan, Same 13 a-e
201 W. PRESTON ST., es that the death certific	n signed by the ottending physici Then pleose remove corbon opper t to burial, cremotion, or removal. injury, or other traumatic event, th	NOI	PART I. DEATH WAS CAUSE	DUE TO, OR AS A COCCUENCE OF COLOR TO Troched Tistula
AL RECO	te has been ssit permit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require contending physicians.	certificate riol-tronsil ental Hygi frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR
VISION O	r this the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	216 PLACE OF INJURY  (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)  211 LOCATION  STREET  CITY OF TOWN  COUNTY  STATE
QN 2	TOR: After for use os of Health 21 is mork		77s.1 certify that II. All Joseph	ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
SPITAL OR ATT	AL DI detock ore De		PAL SIGNATURE 1	DEGREE  ATTENDING MEDICAL STAFF  5-20-82  122e ADDRESS  DIRECTOR PHYSICIAN 5-20-82
TO HOSP	TO FUNERA should be diwith the Sto	730 5	BARY (M)	LICEPROSON 184 FOR BES STREET, MARAPO/is, M., 136 DATE 1234 NAME OF CEMETERY OF CREMATORY 1236 LOCATION
В	P	Bu	rial /	5-22-82 23 NAME OF CEMETERY OR CREMATORY AND LOCATION AND STATE AND POLIS, Md. STATE
	H-16 50M 1/B1 VRA 15, 4)		allameFuneral Hom	ie, 1212 Westpostreet, Annp., Md. MAY 2 4 1982

0831 555 500 Service State of the service of the a final of the case in the contract of the con The same of the 13 == 1 and 13 and 15 and 15 and 13 and Standard - 2320 and a telephone with the second A CARE OF THE POST Secret Concess State of the State State of the State of t

## IO PUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funding should be detoched for use as the burial-transit permit. Then please remove corbonpapers. Pages I and 2 should be filled within 72 with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or remayal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

most be notified at a

MPORTANT: If Hem 21 is marked ar Item 18 shaws ony injury, or ather troumatic event, the medical

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H	YGIENE 8 2	1   2 3 /
1		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1	(ITPE	MAE	NATA	BUSHEV		5 5 82 750 A.M
1	3. SE>		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
4		F	CAU.	2 22 88	94	YRS. MONTHS DAYS HOURS MIN.
4			Th. CITIZEN OF WHAT COUNTR	Y? 8.	9 BALTIMORE CITY	PR COUNTY OF DEATH
4		VERMONT	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BNUE A	RUNDEL CO. MD.
1	10. CT	TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION 12b. KIND OF BUSINESS OR
9	CB	ownsvillE	FAIRFIELD	NURSING CENTER	R HOME MA	
1	USUA 130. S	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT	TY 13g CITY OR TO	OWN , 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
1	14.51	MD. A.	A. EDGEL	JATER YES NO	3626 S. R	VER TERRACE
20	14 FA		AIDDLE LAST	15. MOTHER'S MAIDEN N	IAME MIDDLE	LAST
y.		EJAIR	Rogue	He Jul		A POINT
1		VAS DECEASED EVER IN U.S. ARM	WAR OR DATES)	CURITY NO. 17 INFORMANT	ADDRE	SS
	NO	the transit	009-16	-14374 MAryorie	Burns	Sames 43/3 n-e-
		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y ane cause per line for (o), (b),	and ig .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE	1 21	where ARNes.	7.	
-		4140	DUE TO, OR AS A CONSEQ	UENCE OF		
1		Conditions, if any, which	( (b) 195	CAD		
1		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	LIENCE OF		
1	3.5	underlying couse lost	(c)	oervee or		
1	_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
1	CERTIFICATION				8 9 4 3 8 1	
4	ICA	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Ц	RT				YES NO	YES NO
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
	WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
	ED	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
1	>	AT WORK AT WORK	TAT HOME STREET, PACTORY, OFFICE	E. PARM ETC.)	C.11 04 10	
I		220.1 certify that (I) (this become	al) attended the deceased fram	007 197	8 , to MB	, 19 8 2, that (1) (ma) lost
-	100	sow the deceased alive on obave, (1) ( (did) (did)	4 6 19.	32, and that in (my) (au) opinio	n death occurred on the de	ote and hour and fram the causes stated
١		22b. SIGNATUR	A	DEGREE		22c. DATE SCHED
1		Harvy	Sten	ATTENDING PHYSICIAN	MEDICAL STAF	
1		174 PHYSICIAN'S NAME THE ON	range /	22e ADDRESS	1	
		MARVEY	1STEINFE.	LO SHADY.	side M	0 20764
1		URIAL, CREMATION REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY		
		Burial	5-9-824	North Greenbush	North	eenbush New Fork
- 5						

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

THE RESERVENCE CONTRACTOR OF THE PARTY OF TH Vernagot 45 x Payer Havanet a THE PARTY OF THE P at the second of The hardeness ANDEST TOO LEE TOUR AND ALL STORE AND AND AND AND AND AND ADDRESS OF THE PROPERTY OF

X A	1.	FOR STATE									
	I. DE	REGISTRAR CEASED NAME FIRST	FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR								
o e o c c c c c c c c c c c c c c c c c		( al	-/	Edgan BYRDS				5-18-	-82 3.a M		
	3. SE	Male	1 RACE	rite	5. DATE C	F BIRTH DAY -// -2 2	6. AGE (IN YEARS LAS	4	IF UNDER 1 YEAR IF UNDER 24 HRS		
<b>1 1 2 2 3 5</b>		RTHPLACE (STATE OR FOREIGN Maryland	US	MHAT COUNTRY	WIDOWE	D DIVORCED	ANNE	A RUN [			
201 in ofter tilled off	F	HUNAPOLIS	ANNE	ARWOE	ET ADDRESS)	LAL HOSPITAL	120 USUAL OCCUP (TYPE OF WORK FOR MC PHONE UN	E SPLICE	126 KIND OF BUSINESS OR INDUSTRY elephone (o.		
LAND 21	13a, S	TATE 136 CC	E OR OTHER INSTITUTION DUNTY ARWDEL	130 PATO	WN ENA	13d. INSIDE CITY LIMITS? YES NO 🛣		SSUIEW	DR. 21122		
MARY ompleto		Edgar	WIDDLE	Burns		15. MOTHER'S MAIDEN N $\mathcal{B}^{RST}$	Vingin	ia	Brown		
BALTIMORE core be every ysicion and c oper. Pages yol.	16a \		WW 2 DATES)	219-01-	-7136	Mrs. Janet		Same a			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA  NG PHYSICIAN: The law requires that the deoth certificate outending physician. Ifter this certificate has been signed by the attending physis os the burial-transit permit. Then please remove carban page th and Mental Hygiene prior to burial, cremation, or removal orked or them 18 shows any injury, or other traumatic event, t		Conditions, if ony, which gove rise to immediate cause (0), stoting the	DIATE CAUSE (a) DUE TO, (b)	Pr line far (a), (b), a  META 5)  OR AS A CONSEOU  OR AS A CONSEOU	UENCE OF	ADENOCA	SITE W		APPROXIMATE INTERVAL BETWEEN ONST AND DEATH  2 MJN PHJ		
icorbs, 201 vivor requires that been signed by mit. Then pleast prior to burnol, only injury, or of	CERTIFICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TER/	MINAL DISEASE OR C	20b. IF YES,	WERE FINDINGS USED		
TALRE CION. The lo cion. The hos sit per giene giene.	RTIFIC						YES NO	YES			
HYSICIAN: ading physic certifical bis certifical burial-tran f Mental Hy or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMINATION OCCURRED	DEATH HOUR A	OF INJURY M. MONTH ( M.  OF INJURY	19	211 LOCATION		INJURY IN ITEM 18. PA	RT   OR PART 2}  COUNTY STATE		
DIVIS  NDING F  R. After t  use os the teolth one s morked	×	WHILE NOT WHILE AT WORK 270 L certify that (1) (this ho	sortel) attended t	he deceased from	BPR	19 82		18.1	9 8 2, that (1) (we) last		
PITAL OR ATTER by the hospito ERAL DIRECTOI e detached for State Dept. of H		sow the deceased alive above, (1) (we) (did) (di	De A	MD	=	DEGREE ATTENDING	,	STAFF AND	and from the couses stated  22c DATE SIGNED  MAY 18 1987		
TO HOSPITAL retained by the TO FUNERAL should be detivited to the State IMPORTANT.	73a F	JAMES M		E JR., M		2510 RIVA	RUAD 1234 LOCATION	ANNA	ALD 2144)		
BP		Burial	May21.	1982 L	oudon	Pank Cometer	" Baltimo	re	COUNTY MONTH		
DHMH - 16 50M 1/81 (VRA 15, 4)	Ma	INERAL DIRECTOR Mtn.	1 Home or	Paraden	rasade	21422 M	AY 2 1 1000		AK 5 SIGNATURE		

		/ Edwar Pa	
	6.5-11		
			L. Limit, on
CANA SECTION	3		
Legel said of		SVENY	Senio
9.3.1 (4.4)			
		and inn	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

0.102 Serils, jobs 38 Tel. Ame is unel Crofton 15th Crofton Parkway leweler dewilon Haryland A.A. Crofton Pariston Frank Calio, Sr. Ann ves 1906 722-28-8051 Lene V. Callo, 1546 Crofton Reckery Grem clon 5/19/62 Ft. Lincoln Cem. Brentwood, Manulina

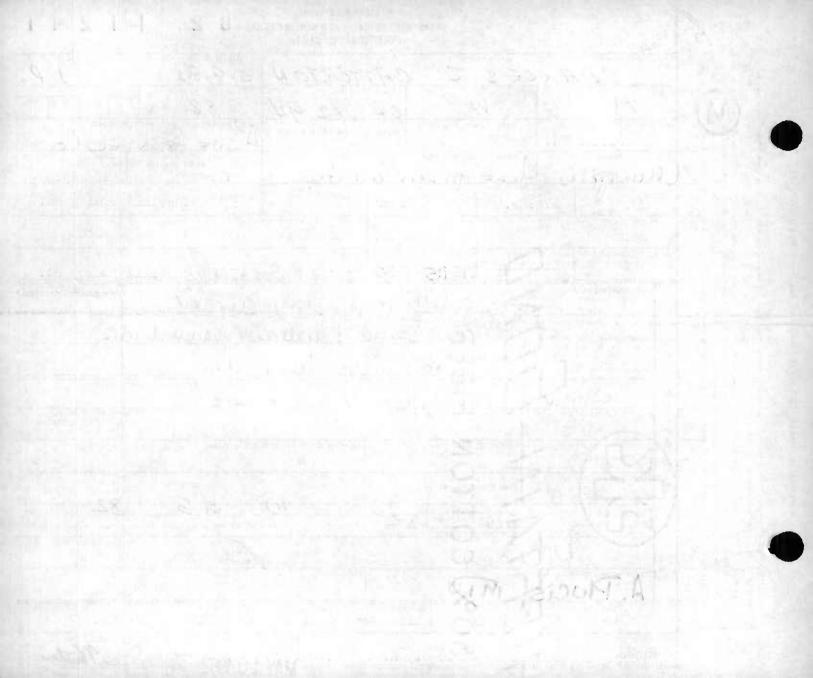
Scill Functol Home,

1/			STATE OF MARYLAND	
4	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 4 1 1 4 9
	1 DE	CEASED NAME FIRST	MIDDLE LAST	REG NO.  20. DATE OF DEATH MONTH DAY YEAR 26. HOUR.
F 25	TYPE	OR PRINT)		5-22-82 1140
(ME) 88	3 SE		4 RACE S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 IRS
		F	W MONTH DAY 9 YEAR 7	YRS. YRS. HOURS MIN
4 50 10/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1. BALTIMORE CITY OR COUNTY OF DEATH
	,	and my	WIDOWED DONORCED	A-A-Co. MD.
1 11 10	1995	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
2 4 40	M	en Berne	ma Marin n. It.	Housempe Chome
1 1 2/	USU.	AL RESIDENCE IN HIS SING HOME OF		13e STREET ADDRESS
3 4 50	14.5	THER'S NAME	15. MOTHER'S MAIDEN NA	Howark + Marky
100000000000000000000000000000000000000	1		ADDLE RIAST POPULATION	a work West
A Control of the cont	léa V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS Dompass Dr.
e be e an and Pages		S NO STANDARD	- Roland (	any melbourne Bead
BALTIM ificate b ificate b ysician a pers. Page oval.		II CAUSE OF DEATH (Enter on	y ane cause per line far (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
+ F F SE o		PART I DEATH WAS CAUSE IMMEDIAN	E CAUSE (a) C. V. A.	0
PRESTON ST., at the death certifier attending phenove carbon papermation, or remother traumatic		4360	DUE TO, OR AS A CONSEQUENCE OF	
the attered emation other to		Canditions, if any, which gave rise to immediate	(b)	
W. PR	10	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
equires tequires to please burial, injury, o			(c)	
DS, 2	Z	PART 2 OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law records simil. Then ne prior to hows any in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
	Ĭ			YES NO YES NO NO
ICIAN sician.	W	210 ACCIDENT WAS UNDERLYING		RED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
PHYSICIAN PHYSICIAN gphysician this certifica urial-transit dollar Hyg	×	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	
G PHY ding ph ding ph er this of burial- nd Men ked or	MEDICAL	214 INJURY OCCURRED	218 PLACE OF INJURY  JAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  218 LOCATION  STREET	CITY OR TOWN COUNTY STATE
DIVISION OF VITAL DING PHYSICIAN: stending physician. After this certificate steburial-transit ps tith and Mental Hygie marked or Item 18 s	¥	AT WORK AT WORK	JAI HOME, SIREET, PACTORY, OPPICE, PARM, ETC.)	CITION TOWN
E 0 0 5		22a I certify that (I) (this hospi	al) attended the deceased from $1-2$	) to 5-22 19.82 that (I) (we) last
ATTE inital of ECTO or use of He		saw the deceased alive on	5-19 1) view the body after death.	death accurred an the date and haur and from the causes stated
DIRECT Shed for u Dept. of I		2/b. SIGNATURE	DEGREE	22c. DATE SIGNED
Y the hos Y the hos BAL DIR detached data Depu		4	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN 5/22/82
d by NER NER NER Ste Ste	1	224 PHYSICIAN'S NAME (TYPE O		
TO HOSPITAL retained by the 1 TO FUNERAL should be detach with the State D IMPORTANT: 1		Michael	Yearlman, N.D. 5400 old	Court Rd. Baltimore, Md.
The Train S	23a	SURIAL, CREMATION, REMOVAL	236 DATE 131 NAME OF CEMETERY OF CREMATORY	234 LOCATION DA COUNTY AA VAN A
BP	L'	Sund	5/75/87 Cedar Hell Ce	en prooling AH Ind
DHMH-16 25M	24 E	INERAL DIRECTOR	D ADDRESS 2 1/1 250. DAT	TE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4) 1/79	1	arranco seu	arna fant runeral Home	AV 2 5 1982 hands

0 1 2 1 1 2 5 IDA CHREY S-22-72 1749. Maril Marin Middle than M.D. Stor old Court Fair Billingers Mid. business with the south the same of the desired

0
C
MARYLAND 2
ш
R
ō
()
~
45
2
-
_
(mm)
mail
100
-4
BALT
S
N ST
S
S
ES
SES.
RES
PRES
PRESTO
W. PRES
×
×
×
×
×
, 201 W.
S, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
35, 201 W.
S, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
35, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.
VITAL RECORDS, 201 W.

8	1	FOR - STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	112	4
		CEASED NAME E OR PRINT) CH	FIRST	LES	Z	CAT	TERTON	20. DATE OF DEATH MC	ONTH DAY YEAR	2b HOI
1	1 SE			4 RACE	1	S. DATE C	DAY 244	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDE
35		RTHPLACE (STATEORE COUNTRY) Bristol	Md.	76 CITIZEN OF W		MARRIE		BALTIMORE CITY OR O	COUNTY OF DEATH	6
3	1	LUMPE L	(TYPE OF WORK FOR MOST OF WORKING LIFE) IN						BUSIN npl	
36	13e.	Md .		.Co.	NSTRUITOR SAME MISHER OF HOUSE ADMOSTER   134 INSIDE CITY LIMITED   134 AT 1855 DAD DESS NST		ville Sudle	y Ro		
120	14. F/	Jack	MIDDLE	Cas	tterton	Margaret	MIDDLE Star			
medicol		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	2.00	SECURITY NO.	17. INFORMANT Thelma Phipp	ADDRESS s 4570 Owens	ville Sudle	y Ro
r to buriol, crem mjury, ar other	NOI		g the lost.		rho	elline	tic hocu		ION GIVEN IN PART 110	
and small	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDIT	ON FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 21	DL IF YES, WERE FINDING N CERTIFYING CAUSES O YES	S USEI F DEAT
hem till s	MEDICAL CE	210 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	P.M	MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
th and w arked or	MED	21d INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE OF	F INJURY T, FACTORY, OF	FICE FARM ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY	5
Dept of Heal if New 21 is m	1	22a I certify that (I) sow the decease above, (I) (we) (d 22b. SIGNATURE	d olive on	ol) ottended the		19.82, or	d that in (my) (our) opinion of DEGREE  ATTENDING	deoth occurred on the date		
MPORTANT		228 PHYSICIAN'S NA	ME (TYPE O	R PRINT)	2		PHYSICIAN 7	DIRECTOR PHYSICIAN	1	
		BURIAL, CREMATION, I	REMOVAL	5/12/	32		emetery or crematory ven Cemetery	23d. LOCATION CITY GIEN B	urnie Md.	3
M 1/81 4)		INERAL DIRECTOR NAME Lardesty Fu	neral	Home 12	Ridge	ely Ave.		E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATU	RE The



		1	STATE OF MARYLAND
10		1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 2 4 2 REG. NO.
	1 71		ECRASED NAME ALFRED E. CHASTAIN, St. 20. DATE OF DEATH MONTH DAY YEAR 126. HOUR SORPRINT!
	(M)	3 SI	A RACE S. DATE OF BIRTH MONTH DAY YEAR  6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HS MONTHS DAYS HOURS MIN
•	1 12 116		IRTHPLACE STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED WEVER MARRIED 19 BALTIMORE CITY OF COUNTY OF DEATH
_	# # # # # # # # # # # # # # # # # # #	100	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPHOF WOLLD STREET ADDRESS) 126. USUAL OCCUPATION (TYPHOF WOLLD STREET ADDRESS) 176. KIND OF BUSINESS OR (TYPHOF WOLLD STREET) INDUSTRY
JD 2120	24 hours of filled in by ould be filled fill	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STREET ADDRESS  YES  NO 100  YES  NO 1
ARYLAN	y within and 2 sh	14.7	ATHER'S MANDE IS. MOTHER'S MADEN NAME FIRST MIDDLE LAST
NORE, M	Poges 1 o		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  YES, NO OR UNKNOWN) (IF YES, GREWAR OR DATES)  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  YES, NO OR UNKNOWN) (IF YES, GREWAR OR DATES)  253-28313 HILDRED 7. CHASTRUM - ABOUTE
PRESTON ST., BALTI	the depth certificate be the ottending physicion remove carbon papers. Emotion, or removal.		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF COUSE (a), stating the DUE TO, OR AS A CONSEQUENCE OF COUSE (a), stating the DUE TO, OR AS A CONSEQUENCE OF COUSE (a), stating the DUE TO, OR AS A CONSEQUENCE OF COUSE (a), stating the DUE TO, OR AS A CONSEQUENCE OF COUSE (b).
RECORDS, 301 W.	requires that the	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
7	n. n. ne primi	CERTIFICATION	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
VOF VIT	physical Hror of Hysical Hysic		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
DIVISION OF	G PH offered ond A ked o	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK COUNTY  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN COUNTY STATE
	TTEN TOR TOR of He		220.1 certify that (I) (this haspital) attended the deceased from
	OR he h		DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6/1/82
	HOSPI FUNE FUNE ould be the Single the Singl		1224 PHYSICIAN'S NAME TYPE OR PRINT)  NAVAL CLINIC, USNA, ANNAPOLIS Ma
	0 € 0 € \$ \$ \$ <b>E</b>	23a.	BURIAL, CREMATION, REMOVAL 236. DATE 3/82 CHAME OF CEMETERY OCCREMINARY 11/10/21/10/10/10/10/10/10/10/10/10/10/10/10/10
DI	HMH - 16 60M 7/73 (VR A 15 (4))	24 F	UNITED THE DIRECTOR SALVESS ADDRESS AD

STATE THE THEORY OF THE PARTY OF THE PARTY. ASSET THE STATE OF MALL & MALL BUT THE WASHINGTON The state of the state of the state of a way to the sent of refer of the converse and retrieved the state

MD.

MANGERLY - CHRISTINGER - MADDINGS HIS - TURNOWIN 29 BARTIMINE SUIT IN SECURITION OF THE PARTY OF CA SHANNEY OF TERMINIST AND PROPERTY OF THE STATE OF THE 13 1 State of the Grande T. Mikeles Mars alet . comply D 5 4 1 - 1 - 1 L 314 CA 6 - 120 Km - 19 45 M. AK ... Brand Street Same PULL NEWS WITH S Ame provided the second of the N IN THE BUSINESS AND A STORY OF THE PROPERTY OF THE PARTY OF THE PART

	1	FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 1 2 4 4  CERTIFICATE OF DEATH  REG. NO.							
-		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR				
e de		Rosc	O WILLEY	Church	M	May 2 1982 1317pm				
	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
2	L	male	CAU	OCT 25 1925	56	YRS.				
285	Ja. 8	GUNTE STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTRY  USA	* MARRIED X NEVER MARRIED WIDOWED DIVORCED		R COUNTY OF DEATH  Idel County MD.				
Posting 1	10. C	Ft. Meade	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION OF ADDRESS) Community Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY				
og Se	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		WN. 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1784-B Bei	i Drive				
Dexomine 20	14. F.	THOMAS	MIDDLE CHUI	RCH 15. MOTHER SMAIDEN NAM	MIDDLE	AUSTIN				
medicol		WAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, G	INE WAR OR DATEST		- 1784-B Be	Maryland   Maryland				
nen preuse remove curbon po to burial, cremotian, ar remov ijury, or ather troumatic event	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS MY OCAT	C Failure  Color irritability  Color infarction  Death But NOT RELATED TO THE TERM	INAL DISEASE OR CONE	Days  10 Days  DITION GIVEN IN PART 1(0)				
or Item 18 shows ony	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200. AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
or them 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	19 ZIE LOCATION						
NT: If them 21 is morked	WE	sow the decreased allowed boxes. (1) (west relief) (1) (22). SIGNATU.  22d. PHYSICIAN'S NAME (TYPE	pitol) attended the deceased from May  Note: the bady after death.  OR PRHILLIAND, MC	20 Apr 19 82 82 ond that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	19_82, that (1) (we) lost are and hour and from the causes stated				
with the	E	BURIAL, CREMATION, REMOVA	5-5-82 M	D. UET- (EMETERY	23d CATION CITY OF TOWN CROWPS V	LIE AA, RD.				
30M 2/80 5, 4)	13	UNERAL DIRECTOR	Adoness	near S AAD M	AY 5 1982	CHARLES TENATERS				

PERMIT

		cat.	-		- 40	
	7.4					3315
				7.50		SALES V
i de	ricao	1112	J ' 7	ru	i	iraar .i
VI			110	met leten	'η=	17.1.7
1	·++: \	i		Li		687
		n.li		1=		
	villi	firmi I	17.			
	neir	انتثنا	I TES			
		i nu	7	\ .		
T.			2	l,		ļ

James M. Tarken San Alman us +12

Hardesty Funeral Home 12 Ridgely Av.e Ann. Md.

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENF 8

CERTIFICATE OF DEATH

30404/20 " Signal M. S. Sanda S. Well H. Towns 

1	1	1	FOR STATE REGISTRAR			MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG	. NO	1 1	2	4	6
er deoth	B		CEASED NAME OR PRINT)	THOMA:	MIDDLE		OLLINS	26. DATE OF DEAT	5	21	YEAR 82	25. HOU	R M
Office	)	3. SE		4	NEGRO	S. DATE	OF BIRTH 1914	6. AGE (IN YEARS LAS	BIRTHDAY)	MONT	DER I YEAR	IF UNDER	24 HRS MIN.
within 72 hou	33	70 BI	RTHPLACE ISTATE OR FO	OREIGN 71	U.S.A.	? 8 MARRIE WIDOW	NEVER MARRIED DIVORCED	9 BALTIMORE CIT ANNE ARI					MD.
filed with	00		TY OR TOWN OF DEA	ATH 1	1. NAME OF HOSPITAL, NURS	TYPE OF WORK FOR MC	ATION OST OF WORKIN	(G LIFE)	2b. KIND C NDUSTRY	F BUSINE	SS OR		
2 should be f	must be	13a. S	AL RESIDENCE (* NURS STATE RYLAND	13b. COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORM  13c. CITY OR TOY  ANNAPOI	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRE		et		1	
1 ond 2 sh	Sex Ze	14. FA	SEYMORE	MI	COLLINS		15. MOTHER'S MAIDEN NA/ FIRST NELLIE	MIDD		BROW	n N	5T 1	
s. Pages 1	medical	16a V	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO	IN U.S. ARM (IF YES, GIVE V	ED FORCES? 166. SOCIAL SEC VAR OR DATES) 220-30-2		17. INFORMANT EDITH WATKINS		St.	Anna		S MC	
ed by the ottending phy lease remove corbonpa ial, cremotion, or remay	or other troumatic event		Conditions, if ony gove rise to imm couse (o), stotiunderlying couse	, which mediate ag the lost.	DUE TO, OR AS A CONSEON  DUE TO, OR AS A CONSEON  (c)	UENCE OF		NCIEK				4	
en signe Then p	, kunlui	NOI			ONDITIONS <u>CONTRIBUTING TO</u>						RIC	1	
hos been t permit. I ene prior	Sw /	CERTIFICATION	190. DATE OF OPERA	TION	196. CONDITION FOR WHIC	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY? IN CERTIFYED  YES NO Y						OF DEAT	TH?
this certificate be buriol-tronsit ad Mentol Hygi	or Hem	MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER: NOTIFY MEDIC 21d. INJURY OCCUR	CAUSE OF DEATH (ALEXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19	21c. HOW INJURY OCCURE 211. LOCATION STREET		INJURY IN ITEM		OR PART 2)	51	TATE
ECTOR: After ad for use as the st. of Health or	m 21 is morked		22a.l certify that (I)	(this hospite	oil) ottended the deceased from		, 19	, to death occurred on th	e dote ond	, 19_ hour one			,
FUNERAL DIR	RT		224. PHYSICIAN'S N	AME (TYPE OR	PRINT)	m	ATTENDING PHYSICIAN D	MEDICAL DIRECTOR   PH	STAFF YSICIAN _				
Shoul	3	22. (	ALIDIAL CREATION	DE 11 (0) (1)	Inn Days Inn	NIAME OF	CEMETERY OR CREMATORY	123d LOCATION					_

DHMH - 16 25M

(VR A 15 (4) ) 9/74

BURIAL 74 FUNERAL DIRECTOR

WILLIAM REESE & SONS MORTUARY, P.A.

CHEWS CHURCH CEMETARY Adamapolis, Md.

**C** Company of the second s THE STATE OF THE PARTY OF THE P ı, The second secon A palestone is the first the first that the and the state of t 

0/	1	FOR STATE REGISTRAR			DEPARTN	LENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	CIENE 8 2	NO.	12	4 7
DilX	[TYPE	CEASED NAME FOR PRINT)	FIRST		R	Co	nnolly Jr.	20 DATE OF DEATH	5/23	3/82	12 A M
<b>X</b>	3. SE	M		4 RACE	1	5. DATE C	DE BIRTH JEAR JOYEAR /	6 AGE (IN YEARS LAST)	YRS.	ONTHS BAYS	IF UNDER 24 HRS HOURS MIN
67		RTHPLACE (STATE OR F COUNTRY)  New Jerse	еу	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORECITY Anne Ar	- Common		MD
by the f	A	nnapolis	1	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET A Arundel G	DDRESS)	ROTHER INSTITUTION  1 Hosp.	120. USUAL OCCUPA (TYPE DE WORK FOR MOS Technic		12b. KIND OF BUSINESS OR INDUSTRY. NCK	
y filled in should be	130	N.J.	136 COUN Atla	ITY	13c CITY OR TOWN Northfi	4	13d. INSIDE CITY LIMITS? YES NO		re Ave.		08225
ompletel ond 2 s		THER'S NAME Frank		MIDDLE R.	Conn		Edna Erst	MIDDLE		Tomï	in
be execuan and c		VAS DECEASED EVER YES NO OR UNKNOWN) YES		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI		Margaret Co	onnolly sam	ne as 13	Be.	
ertificate ig physici son paper removal.		18 CAUSE OF DEATH PART I. DEATH W	H (Enter on AS CAUSE IMMEDIAT	D BY:	Severe		ebral ConT	usion		APPROXIM BETWEEN O	MATE INTERVAL NISET AND DEATH
that the death c by the attendirector remove carb al, cremation, or ir ather troumation.		Conditions, if ony, gove rise to imm cause (o), status underlying couse	nediate	(b)_	r as a conseque						
requires en signec . Then pl or to buri	NOIL			ONDITIONS <u>C</u>	Ontributing to D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ndition give	N IN PART 110	,
The law cion. e has be sit permit permit hows any	RTIFICATION	198 DATE OF OPERAT				OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN ING CAUSES (	
IYSICIAN: T ding physici s certificate ouriol-transi Mental Hygori Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DE A	TH HOUR A.	M. MONTH DA M.	Y YEAR	BoaT	ACCC'			
ING PHY r ottendi viter this os the bu ith ond M orked or	MED	21d. INJURY OCCURR	ILE A	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC }	21f LOCATION STREET	CITY OR	Marian.	COUNTY	STATE
DR ATTEND thospitol or DIRECTOR: A sched for use Dept. of Heal		27a I certify that (1) saw the decease above, (1) (we) (d	d alive on	May 2	-21 198		d that in (my) (our) apinion (	deoth occurred on the	,		not (I) (we) last auses stated
by the har or the har		MATURE Q () MPHYSICIAN'S NA	1/5	les	lever	H	-7	MEDICAL ST.	AFF ICIAN [	5/2 S	2/8-
O HOSP etained TO FUNE should be with the 3		JACK	K	ush	NIV		20 RIdge	ly An	napo	1.5,4	01

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

> 24 FUNERAL DIRECTOR Hardesty Funeral HOme 12 Ridgely Ave. Ann. Md.

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation

N3d LOCATION
CITY OR TOWN
Palermo Cape N.J. Sea Side Crematory

A Grand State of the State of t State of the state e in all a little to the sept and the second of the second THE RESIDENCE OF THE PARTY OF T the fixed the state of the s Service Service

- STATE

TYPE OR PRINT)

(VRA 15.4)

REGISTRAR

L DECEASED NAME

12b KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 3575 Solomons Island Road HALL 3575 Solomons Island Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred in the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN COUNTY CHEWS CHURCH CEME. Owensville 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Annapolis. Md. DHMH - 16 50M 1/B1 REESE & SONS MORTUARY. P.A.

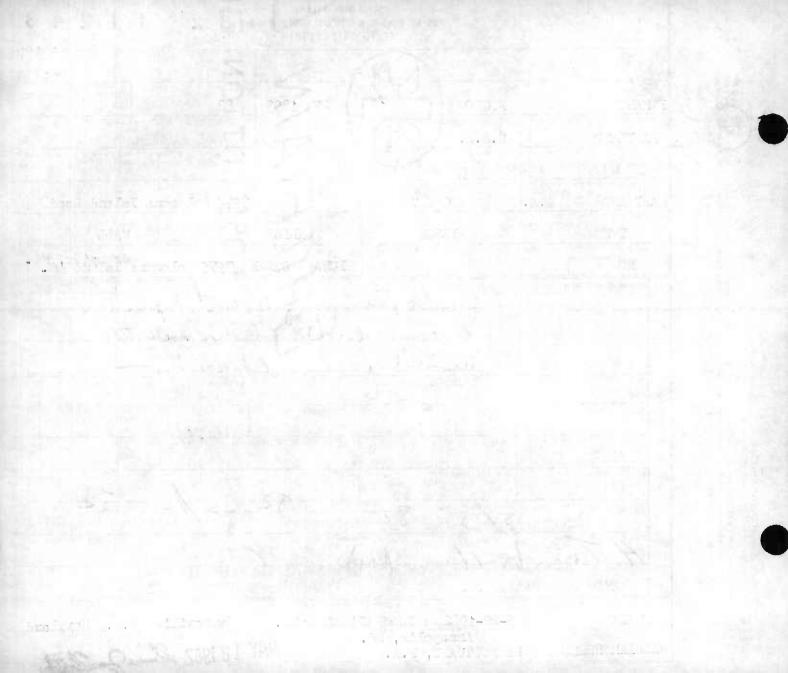
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

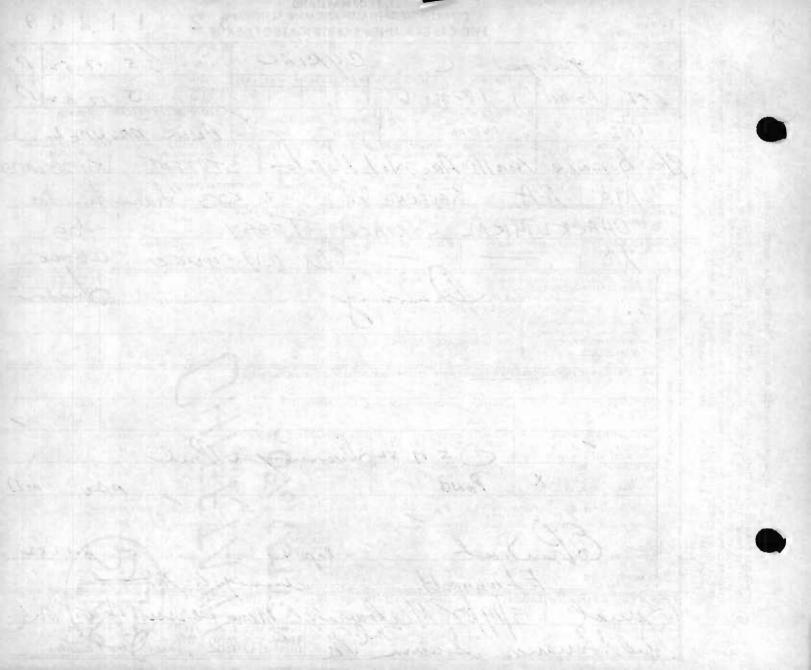
REG NO

IF LINDER I VEAR

2n DATE OF DEATH



	1	STATE OF MARYLAND	
2	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 1 2 4 9	
3		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
7 S S S S S		ECEASED NAME FRST MIDDLE LAST 26. DATE KNOWN MONTH DAY YEAR 76. HO OF ESTI- DEATH MATED, 5 17 1982 P	UR
CLEA	3. SE	EX 4 RACE , S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 26 HO	UR
TON ST		M ASIAN MONTH DAY YEAR LASS BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 5 17 162 P	M
NEGES ARY PLEASE TOWNED LINECTOR. 5 FOR YOUR FILES. WITHIN 22 HOURS W. PRESTON STREET,	7 70. 5	BIRTHPLAGE (STATE OR OREGIN COUNTRY?)    NDIA   NDIAN   NEVER MARRIED   NEVER MARRIED   ALLING BELLINGE     NDIAN   NDIAN   NEVER MARRIED   ALLING BELLINGE	MD
AY IS	10.0	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, OF STREET ADDRESS)  OR INDUSTRY  FOR MOST OF WORKING LIFE  OR INDUSTRY  FOR MOST OF WORKING LIFE  TUDENT  KINDER CARD	71.
MAY DEL	4 USU	JAL RESIDENCE (IGN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	100
21201 IF ANY D 2, AND 3 3. RETAIN SHOULD		STATE 136. COUNTY 136. CITY OR TOWN PK 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS harman by.	
MD. ATH.	(A. F	FIRST CHACK UMIKA) CST PIAC ESS Y	
BALTIMORE, INS AFTER DE GIVE PAGE: WITH FORM PAGES 1 AN	160	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNIXON (IF YES, GIVE WAR OR DATES)  166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  - C	
I., BALTIMC OURS AFTEI 18. GIVE PA 3. WITH FO IT. PAGES 5. DIVISION		18. CAUSE OF DEATH (Enter only one couse per limit to all and (c).)	=
		PART I DEATH WAS CAUSED BY:	TH
	1,	910 2 IMMEDIATE CAUSE (a) OUE TO, AS A CONSEQUENCE OF	_
W. PREST ED WITHIN PENCIL IN AMINER A ILTRANSIT RENTAL HY REMOVAL	1	Conditions, if any, which gave rise to immediate (b)	
OT W. PRE: UTED WITH N PENCIL IN EXAMINER STAL-TRANS I MENTAL IN OR REMOV		cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	_
×4>+	10	lying couse last.	
NL RECORDS, 30  ULD BE EXECU  "PENDING" IN  IFF MEDICAL  SED AS A BURL  F HEATH AND  I	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
FALREC HOULD TO "PEN USED V USED V	MEDICAL CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?	_
ADIDU	4	YES NO.	3
JIVISION OF VIT CERTIFICATE SH ITING THE WOR DED TO THE C E 3 SHOULD BE E 3 SHOULD BE E C OFPARTMENT OF PRIOR TO BURIA	Ü	216 EXTERNAL CAUSE WAS  216 TIME OF INJURY  UNDERLYING  1217 THE OF INJURY  1217 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  UNDERLYING  1218 TIME OF INJURY  HOUR AAA MONTH DAY YEAR	15
SION OF RTIFICATI IG THE V O TO TH SHOULD PARTMED PORTO	N S	CONTRIBUTING CAUSE OF DEATH (P.M.) 5 17 182 Museumy in Cond	
DIVISION THIS CERTING ATE, WRITING CORWARDED TO R. PAGE 3 SHE STATE DEPARTOR TO THE STATE DEPARTOR THE STATE DEPARTOR TO THE STATE D	A G	216. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME, STREET, FOTONY, FARM, ETC.)  STREET, FOTONY, FARM, ETC.)  STREET CITY OF TOWN COUNTY STATE  STATE OF THE PLACE OF INJURY (AT HOME, STREET)  STREET CITY OF TOWN COUNTY STATE  STATE OF THE PLACE OF INJURY (AT HOME, STREET)  STREET CITY OF TOWN COUNTY STATE  STATE OF THE PLACE OF INJURY (AT HOME, STREET)  STATE OF THE PLACE OF INJURY (AT HOME, STREET)  STATE OF THE PLACE OF INJURY (AT HOME, STREET)  STREET CITY OF TOWN COUNTY STATE  STATE OF THE PLACE OF INJURY (AT HOME, STREET)  STREET CITY OF TOWN COUNTY STATE  STATE OF THE PLACE OF INJURY (AT HOME, STREET)  STATE OF THE PLACE OF INJURY (AT HOME	E
D WRI		AT WORK AT WORK POND	2
ATE. PATE.	4	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion	
AMINER: RTIFICATE D. BE FOR TRECTOR: THE CHECK		deoth resulted from Noting couses . Accident . Suicide . Homicide . Undetermined monner .	
CERA OUD WITH WITH ARY		ACTUAL TITLE (SPECIFY)	
CAL THE SHO NEAL RE, M	3	SIGNATURE M.D. Lepu y 9 MEDICAL EXAMINER SIGNED 5-17.82	_
TO MEDICAL EXAMINER: THIS OF SEXEUTE THE CERTIFICATE, WRITE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE IN THE ST	-	EXAMINER'S NAME F. LINGAPOLD. ADDRESS Chample lis med-	
EXE PAC 10 AFI	234	BURLY, CREMATION, REMOVAL 23b. DATE 131 HAMLOF CEMETRY OR CREMATION 1234 TO CATION	2
BP	17	The 5/19 By Meldowridge Men Horsey How. The	
DHMH - 17 (VR A15 ME (5))	1	AUDRESS DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	4
15M7/77	1	Hurs Sananco Severa MAT 20 1982, Julio Jan Mathan	-



a L			STATE OF MARYLAND	0 0 1	10000
70	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL H	YGIENE O 4	1 2 5 0
	1'	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	1 DEC	CEASED NAME FIRST	MIDDLE JAST	20. DATE OF DEATH MONTH	DAY YEAR 2h HOUR
m 5		OR PRINT)	11 011 5 11.	Tal DATE OF BEATT	145
9 8 7		Moswe	ell Belden Daggett	May	3,1982 42 4
A dia	3. SE	C	1. RACE S. DATE OF BRU	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UND R 24 HRS
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	nala	White April 12 1896	186	MONTHS DAYS HOURS MIN.
0 10	70 BI	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY? 8	9. BALTIMORE CITY OR COUNT	V OE DEATH
72.4	74.0	OUNTRY)	MARRIED NEVER MARRIED	DI BALTIMORE CITT OR COUNT	TOPDEATH
9 55 50		MA	WIDOWED DIVORCED	Hone Ar	undel MD.
the fu	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	IA	silvesur	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Cast. Ret	INDUSTRY NEVA
2120	PUSUZ	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	(Capt. (Ket)	ILL S. INGVY
ND 24 hc 24 hc 24 hc 24 hc		TATE 136 COUN		130. STREET ADDRESS	
AND n 24 h		DD H	H. Homapolis YES NOX	5 Chase K	sad
rtely 2 sl	14 FA	THER'S NAME	15. MOTHER'S MAIDEN I		4,
uted wind and is a second in the second in t	D	12 Hickory H	enry Daggett Genev	WIDDLE	LIMAST
E, A	160 V	AS DECEASED EVER IN U.S. ARA	C. C	ADDRESS	Plynn
IMORE, nond or Poges medico		ES NO OR UNKNOWN) I (IF YES GIVE	E WAR OR DAVES)		Same as
TIM be of the reme		7es 1919-	1950 149-26-5314 Tope Com	bs Daggett	#13
physicial popers. noval.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly one cause per lipt for (d) (b), and (c).)	40	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physi physi move move vent,					
certifi ng ph bonp r remo		The sale of the sa	E CAUSE (o) CACCAGE MARIE	7	
death ce attending ave corb ition, ar r		4140	DUE TO, ORIAS A CONSEQUENCE OF	. 9	
PRESTO		Conditions, if any, which	( 16) DISMENT COMMENTERS	rong	
the the emcenter		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
01 W. P		underlying couse lost			
201 es the pleo urial,		DART 2 OTHER SIGNIES AND C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	DUINIAL DISEASE OR COUNTY OF CO	VENT IN DARK 1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of other ding physician.  We this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filled than and Mental Hygiene prior to burial, cremation, or removal.  On the medical examiner must be proceed on the process of the pro	z	TAKT 2. OTTER SIGNIFICATOR C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GI	VEN IN PART 110
OR red	을				
. RECOR	CA	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
TALRE lo icion.	1	E 51.92 AU E 651			ES NO N
ON OF VITAL RI ding physicion. is certificate hos burial-transit per Mental Hygiene or frem 18 shows	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		URRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
Pry IAN I I I I I I I I I I I I I I I I I I	9	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR		
N OF	Ž.	(IF EITHER NOTIFY MEDICAL EXAMINER)			
DIVISION O  TTENDING PHYSIC pital ar attending TTOR. After this cert for use as the burial of Health and Ment 21 is marked or then	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  STREET	CITY OR TOWN	COUNTY STATE
IVISING PHOTEN OUTEN THE IS THE IS THE IN and I would riked o	1	WHILE NOT WHILE		. 1	
a a a a		12a I contry that () (this hospit	tol) ottended the declared from 5/84 8/1, 19	10. N/A 3	190 , that (1) (ve) lost
OR ATTENDI e hospital at DIRECTOR: A sched for use Dept. at Heal		low the deceded alive on	75 // 19 82   and that in (my) (aux) opinio	on death occurred on the date and ho	
R ATT hospit RECTC hed for ept. of tem 21		obove, (1) I did (did no)	Laiew the body attendenth.		
OR Che Dep Dep		ME SIGNATURE	DEGREE	STAFF	22c. DAYESTGNED
Y the O Y the Odetach Didetach Tr. If H		- hom	ON ATTENDING PHYSICIAN		4/1000
AN Ste		174 PHYSICIANS NAME THE OF	1 22e. ADDRESS		
HOSPITAL inned by th FUNERAL FUNERAL hthe Stote		TENTRI	un en 1) Ittulant	st at Dans	lim siles
TO HOSPITAL OR A retoined by the hoss TO FUNERAL DIRECT Should be detached with the State Dept.		Don D. Lo	swe, The Mest		polis, MU
		URIAL, CREMATION, REMOVAL	236. DATE 231. NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	K	urial	3/6/82 U.S Naval Academ		AA MI
DHMH - 16 50M 1/81	24_FL	INERAL DIRECTOR	25o. D	ATE REC'D. BY REGISTRAR 36. REGIS	TRAR'S SIGNATURE
	-	NAME	ADDRESS IN MAI	V C 1007 (hames)	The state of the s
(VRA 15, 4)	T	h. M	Nons Honapolis, MU	Y 6 1982 pane	(b)

But searing & showing But I have CINE TO SELECT OF STREET SECTION and the same of th

L C S I I S S B MIN TO SHEET SHEET Erester de de la contra del contra de la contra del contra de la contra del la contr And serviced Company and Company of the Company of Lotte D. Dresnertt, dr. Comma Letter St. Alexandr. THE RESERVE AND ACCORDED TOWNSONS AND AS IN THE PARTY OF The second secon Make the tion of the All the tion to the tion the tion to the tion Start Jumped -one, 122 -est treet, orap, th. 122 - ora

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REG. NO REGISTRAR . DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-1 1982 DEATH MATED IF UNDER 24 HRS DATE RONDUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X II. NAM 13h COUN WEDDLE IN U.S. ARMED FORCESP 18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 14s. DATE OF OPERATION 19), CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSYT V£5 NO X THE TIME OF INJURY TIT, HOW INJURY OCCURRED (ENTREMATURE OF HISTOR IN THAT IS PART ) OF PART I) HOUR A.M. MONTH DAY, YEAR UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH 21+ PLACE OF INJURY LATHOME THE INJURY OCCURRED STREET, FACTORY FARM, ETC.) STREET STATE CITY OR TOWN социту WHILE AT WORK Autopsy the remains described above, held on and in my opinion 22a. I certify that I took charge at Inspection T death resulte Undetermined manner GE 4 SHOUR S FUNERAL D FTER DEATH, ALTIMORE, M O P BP **DHMH-17** (VR A15 ME (5)) 15M 7/76

S E & I I I A & Disease in the solution is seen The second state of the second A to the second of the second The state of the second st The second of the second of the second Charles of the state of the sta

9 5	,	FOR	DEPART	STATE OF MARTLAND MENT OF HEALTH AND MENTAL HYC	GIENE 8 2	1 2 5 3
1		REGISTRAR		CERTIFICATE OF DEATH	KEO. IVO.	himball
moy be ordered	(TYPE	OR PRINT)	LYLE	Dickey	5 8	DAY YEAR 26 HOURS
irector of bours offer.	3. SE:	MALE	WHITE	5 DATE OF BIRTH 18 1910	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. R	Mi	SSOURI	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED   WIDOWED   DIVORCED	P BALTIMORE CITY OR COUNTY	UNDEL MD.
by the filed with	A	UNAPOLIS /	GNOT IN SUCH FACULT GIVE STREET	DEL GEN. HOSP	12g USUAL OCCUPATION  OF E OF WORK FOR MOST OF WORKING HE	12b. KIND OF PUSINESS OR
filled in hauld be	13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER TRANSPORTED TO THE STATE OF THE	13 CITY OR TOWN	N 138. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1863 LINDAM	cor Dr.
makyt, ma	14 FA	THER'S NAME  OHN  LOGA  MIDI	W DickE	15. MOTHER'S MAIDEN NA	WE WIDDIE	9CKFLFORD
ALIMORE, te be execu ician and co	16a V	VAS DECEASED EVER IN U.S. ARMEI (15,000 OR UNKNOWN) 1934 W.	o forces? 166 social secu 1956 214 380	273 LIMIAN F	DOKEY #	13
ST., BAL printicate g physicic onpopers emoval.	7	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	Y:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death cer a attending emaye carbo mation, ar r		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	inating An	ref.	
Se re se re the other		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE Prostite		3cm-
ayures signe hen pl o buri jury, c	NO	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	EN IN PART Ita
he low re no. hos been to permit. I permit. I ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \( \text{NO} \)
ON OF VITAL HYSICIAN: The ding physicia sis certificate h burial-tronsit Memfol Hygist Are 18 share		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
DIVISION OF VITAL RECORD ING PHYSICIAN: The low recreateding physician. After this certificate has been as the burial-transit permit. If the and Mental Hygiene prior for orked or tem 18 shows any in a short or the shows any in the second or t	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	216. LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN ortol or TOR: Af for use a of Health		22a.1 certify that (1) (this booping)	3/29 198	2 and that in (my) (and apinian	death accurred on the date and hour	19.5 , that (I) (we) tast
TAL OR A'Y the hosp to the hosp tall DIREC detoched into Dept. If them		abave, (1) (we) (did) (did naty) 22b. S.C. (At the	ewine body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED / S / 29 /82
OSPI led b UNE Id be the Si		22d. PHYSICIAN'S NAME ITYPE OR PRI	mb All MA	220 ADDRESS	O AWWA ONL	14 M
TO H shoul	23p B	LURIAL, CREMATION, REMOVAL 2	3b. DATE 23c. N	NAME OF CEMETERY OF CREMATORY	230 LOCATION	of m.
BP	1	Si Dial	6/1/80 11	S Manal Ibast	/ Live And Iss	an III

Local Poles March William P. Mary Barry GUARDESS Ame Howard Gen. Hor Colonel BENE 187 AD A A ALLENS - STEEL LAND WEEK DE THE STATE OF SHARE THE STATE AND THE STATE OF SHARE the terminate with the terminate of the same of

7	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2   1 2 5 4  CERTIFICATE OF DEATH  REG. NO.							
7 E E E E		CEASED NAME SAITH	Middle M.	D DATE C	ONOVAY OF BIRTH	2R DATE OF DEATH	5 22	82	9/0 M	
AN		Female	Canc.	MONTH 9	12 95	86	YRS.		HOURS MIN	
1505	B	Attimore 116.	CITIZEN OF WHAT COUNTRY	MARRIE		PALTIMORE CITY OF	ARILA	10eL	MD.	
470	CK	ownsville	1. NAME OF HOSPITAL, NURS	TADDRESS)	SING ADME	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		INDUSTRY	BUSINESS OR	
B4 \$6	113e S	AL RESIDENCE (# NURSING HOME OR O TATE 13b COUNT	THER JUSTITUTION GIVE RESIDENCE BEFORE TO THE PORT TO	PE ADMISSION)	134 INSIDE CITY LIMITS? YES NO NO	13R. STREET ADDRESS	Anto	ROSA		
omplettely and 2 the	14. FA	ROBERT ME	Mc NAMA	RA	15. MOTHER'S MAIDEN NA FIRST EVA	MIDDLE		LENT	z	
an and c Pages 1		/AS DECEASED EVER IN U.S. ARMI ES, NO ORUNKNOWN) (IF YES, GIVE W			TERARDINE &	SCOVALONE	4416	LD, MD.	RIDGELI 21012	
d by the attending physician ase remove carbon papers. P. ial, cremation, or removal. Y, or other traumatic evept.	CERTIFICATION	PART I. DEATH WAS CAUSED  IMMEDIATE  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENT OF TO, OR AS A CO	LIQ;	delydration and a soly	n		year year	INTERVAL SEPAND DEATH	
phe phe pur		PART 2 OTHER SIGNIFICANT CO	(6)	DEATH BUT		200 AUTOPSY?	20b. IF YES, V	WERE FINDING		
- 0 - 5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR		IY IN ITEM 18, PARI	T I OR PART 2]		
After this s the buring the and Me marked o	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21st PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	211 LOCATION STREET	CITY OR TO	/N	COUNTY	STATE	
DIRECTOR: thed for use as Dept. of Healt If Item 21 is r		220.1 certify that (1) (this haspita saw the deceased alive an abave, (1) (we) (did) (did not)	5/22 19	82	od that in (my) (my) opinion	death accurred on the d	, 19 ate and hour o		at <del>(t) (</del> we) last juses stated	
State deta		228. SIGNATURE  HETS F. V. C. 224. PHYSICIAN'S NAME (TYPE ORP	town M.	0	ATTENDING PHYSICIAN [	DIRECTOR PHYSIC	F IAN []	5/2	GNED 2/82	
M A STATE OF THE S	23a F	1419 Fores	t DRIVE_	HMP NAME OF C	EMETERY OR CREMATORY	Ind 2/	403			
BP	(	BURIAL	MAY 25, 1982 N	EW CA	THEDRAL CEMETE	BALTIME	ORE CIT	Y	MD.	
DHMH-16 25M (VRA 15, 4) 1/79	-	INERAL DIRECTOR BARRAI	YCO S	501 RIS	CHIL HWY.	MAY 2 5 198	2 han	w Jan	Marin	

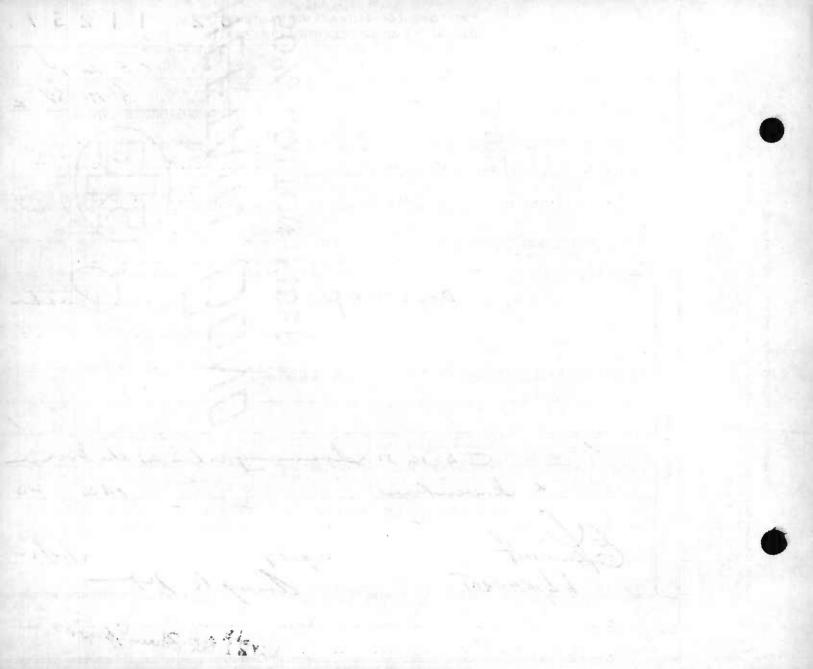
And the second of the second o Charactille District of Marine House Hall Mallite House With Michael Land France of the State of the NOT THE SHOULD SMELLEY STATES OF THE SALES OF THE STATES OF THE STATES OF THE SALES OF THE SALES

The state of the same of the s The the start of t The William Comment of the State of the Stat The second section is the second The state of the s

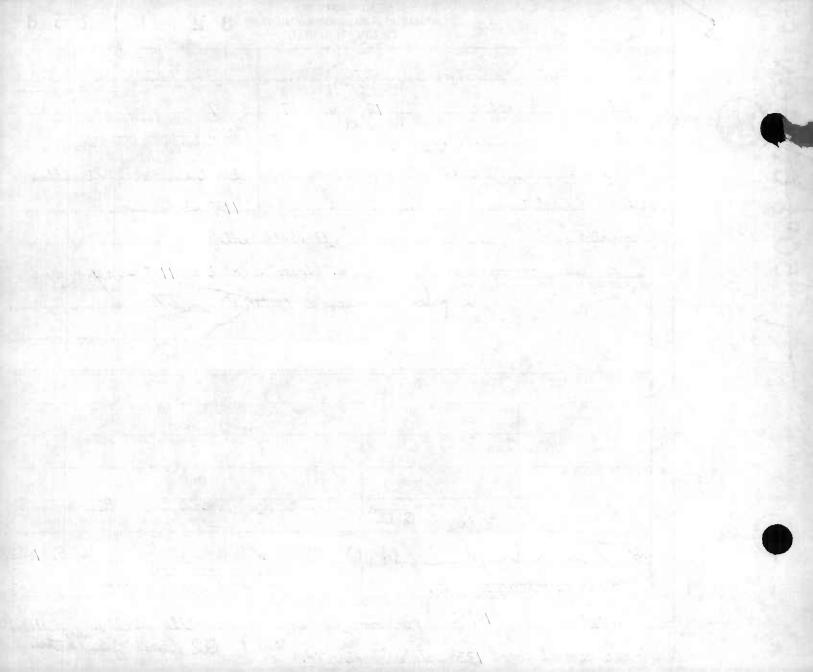
				OF MARYLAND			
1-	FOR STATE			ALTH AND MENTAL	0 6	1 1 2	5 6
1.0	REGISTRAR ECEASED NAME	ME.	MIDDLE	R'S CERTIFICATE (	REG.		
	URE OR BOWER	/ In		LASI	20. DATE KNOWN OF ESTI-	_	EAR 2b. HOUR
3. SE		Sent S DATE OF BIRTH	G .  6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER	DEATH MATED		- /
). JE	A A RACE	MONTH DAY	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN. PRONOUNCED	MONTH DAT	24.11001
7 n F	BIRTHPLACE (STATE OR	7b. CITIZEN OF WI	AT COUNTRY?		DEAD	OR COUNTY OF DEAT	II N
F	Wash., D.C	U.:	S.A.	MARRIED NEVER MARR	CED   Aune /	Trandel.	CO MD
10. 0	CITY OR TOWN OF DEATH		PITAL, NURSING HOME, O	OR OTHER INSTITUTION	120. USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE) Publisher	YPE OF WORK 12b. KIND O	ishing
<b>S</b> SU	TAL RESIDENCE (IF IN NURSING	GHOME OR OTHER INSTITUTION OF	FIRUNOL'L	F-08/1/2/	Publisher	Publ	Ishing
13a.	Mary land 13b.	A.A.	Millersvi	13d INSIDE CITY LIMITS?  YES ☑ NO □	709 Doages	Drive	
14. F	ATHER'S NAME	MIDDLE	LAST.	15 MOTHER'S MAID		LAST	
	GTenn	E. MODE	Feeney		Amelia	Hutchins	
160.	WAS DECEASED EVER IN (	YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY N			ssMillersv	ille,
		WW 11	577-28-877	9 Anne R.	Feeney,709		., Md.
	18 CAUSE OF DEATH (E		for (a), (b), and (c).)	10/			MATE INTERVAL ONSET AND DEATH
		MEDIATE CAU E IO	stary le	tery -	en	Ju	de
	Conditions, if ony,		AS A CONSEQUENCE OF				
	gave rise to imm	mediote (b)	AS A CONSEQUENCE OF				
	lying couse last.	DOE TO, OK	AS A CONSEQUENCE OF				
	PART 2 OTHER SIGNIFICANT COL	NOITIONS CONTRIBUTING TO DEATH	BIIT NOT PELATED TO THE TERMINAL	L DISEASE OR CONDITION GIVEN IN PA	40Y 1 (-)		
Z		CONTROL TO CENT	TO NOT RELATED TO THE TERMINAL	COLORAGE OF CONDILION GIACULUS LA LA	NKI I (0).		
ATIC	190. DATE OF OPERATIO	N 19b. CONDIT	ION FOR WHICH OPERATI	ION WAS PERFORMED?		20. AUTO	PSY?
TIFIC	The state of	The New York				YES	
CERTIFICATION	210. EXTERNAL CAUSE V			21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM		
	UNDERLYING OR CONTRIBUTING CAU		MONTH DAY YEAR				
MEDICAL	214 INILIRY OCCURRED	71e PLACE C		211. LOCATION STREET			
X	WHILE NOT WH	K STREET, FACT	ORT, FARM, ETC.)	SINGEL	CITY OR TOWN	COUNTY	STATE
	22e I certify that I to	A	cribed above, held on	Autopsy , Inspection	on I, Inquiry I	and in my opinian	
	death resulted sage	National causes	Accident . Suicid		Undetermined monner	. Opinion	
	(4)	1) 16	, 50,010	TITLE (SPECIFY)		1	1.
	ACTUAL SIGNATURE	hall		_M.D. Depo y	MEDICAL EXAMINER	DATE SIGNED 5/30	18-
230.1	EYAMINED'S NIAME	FI.	. 11	1	lie-	0	
	(TYPE OR PRINT)	E. LINHA	KUT	ADDRESS_HP	n chealis-	MP	
23a. l	BURIAL, CREMATION, REMO		23c. NAME OF CEMET		Davidsonvi	COUNTY	STATE
	Burial FUNERAL DIRECTOR	6/2/1983		Cemetery	REC'D. BY REGISTRAR 25b. RE	CISTO ANY	rand
	6000 Annap	Beall Fune	Rowie, Md	230. DATE	4 198	GISTRAR'S SIGNATURE	langua.
	ouuu annab	UIIS KO I	sowie. Mal		TOUL A STATE OF	I.J	

1 2 1	Mary av.	6.	4.4000	>
			4	14
- Solo inger	3.12.11	.4.2.	ŭ	, install
ier Publishi	deifoug Sayso	i Mario C. L. E.	(2003). E	i de de a
aving aspi	01 800	Millersville	.4.4	m I melt
Mutchinson	ellor	V 3€ 3 = ₹	1.1	Glenn
.alliersville.		2577-28-8779 BA		
			The second second	
			The second second	
		horas horas		
		horas horas		
		horas horas		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE KNOWN [ (TYPE OR PRINT) OF ESTI-G. Fogler Joseph 4. RACE SEX 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 2d HOUR DATE PRONOUNCED 9/3/1958 male white DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 5 FOR Y FOREIGN COUNTRY MARRIED NEVER MARRIED T USA Maryland DIVORCED Anne Arundel SES 1, 2, AND 3 TO THE FL M PM 3. RETAIN PAGE 5 AND 2 SHOULD BE FILED, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS or industry ceme terv Md. Vet. Cem DIVISION OF VITAL RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b. COUNTY 1057 Miner Rd. Arden on Severn 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? A.A.Co. Crownsville Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 M PM 3 MIDDLE Schaefer Lorraine W. Fogler John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 220-80-9248 Lorraine E. Fogler same as 13e. ves 18. CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 4 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21221 PRICK TO BURI 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR ING. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, IL LOCATION STREET CITY OF TOWN STATE NOT WHILE AT WORK ACO OM AT WORK 22a. I certify that I took chame of the remains described above, held an Autopsy and in my opinion Inspection Accident Hamicide Undetermined manner DATE TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATOR' COUNTY STATE Our Lady of Fields Millersville.Md BP 5/20/82 Burial 24. FUNERAL DIRECTOR FILMREGISTRAR'S **DHMH-17** Hardesty Funeral Home 12 Ridgely Ave. Ann. Md 1982 (VR A15 ME (5) 15M 2/80



	1			STATE OF MARYL	LAND		*	
	11.	FOR STATE	DEP	ARTMENT OF HEALTH AND	MENTAL HYGIE	NE 8 2		2 5 8
3		REGISTRAR		CERTIFICATE OF	DEATH	REG. NO		EDT
		EASED NAME FIRST	MIDDLE	LAST	2	a DATE OF DEATH		YEAR 2b HOUR
ny be oge 3 death	1	OSWAL	D F.	GABLE		MAV 6	5, 1982	1:13P M
o b o d	3 SEX		4 RACE	5. DATE OF BIRTH	6	AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	
3 0		ma/a		MONTH DAY	YEAR	71.	MONTHS	DAYS HOURS MIN.
A A A A		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 VV	07	BALTIMORE CITY O	R COUNTY OF DEA	ATH
35	14	OUNTRY)	11 5 1	MARRIED NEVER	MARRIED '			
4 8		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INS	STITUTION I	ANNE ARUI	NDEL COUN'	(IND OF BUSINESS OR
by the iled the		OLEM DUDNIE	(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)		TYPE OF WORK FOR MOST OF		
1201	JJ5UA	GLEN BURNIE L RESIDENCE (IF NURSING HOMEO		DEL HOSPITAL		fire inspe	ector	distillary
ND 24 ho 24 ho 24 ho 24 ho 24 ho 25	13a. S	ATE 13 COU	NTY 13c CITY OR	TOWN 134 INSIDE		e STREET ADDRESS		,
A ii y		ryland Bal	timore Arbu		NO 🗆	1103 Line	len Avenu	2
MARY mpletel and 2	T. IA	FIRST	MIDDLE LAST	IS. MOTHER	R'S MAIDEN NAME FIRST	WIDDLE		LAST
0	1	Frederick Yabl	e		izabeth S	idley		
MORE.			RMED FORCES? 166 SOCIAL!	SECURITY NO. 17 INFORM.	APUT	ADDRE	SS	
TIM be on o		no		Ms. 1	Jana G.	Valeika 1	103 Linds	en Avenue
hysicii paper oval.		18 CAUSE OF DEATH Enter of	nly one cause per line far ta	+ and (c1,)		1		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ST., B		PART I. DEATH WAS CAUSE	TE CAUSE 10) Sixel	~ Cens	Cts	18 11	7/	
or b ce		0389	DUE TO, OR AS A CONS	FOLIENCE OF		10		
PRESTON he death ce emove carb mation, ar-		Canditians, if any, which	(b)	- GOLINCE OI			100	
he o		gove rise to immediate cause (a), stating the	DUE TO OD AS A CONS	COURTIES OF				
W hot by t cre		underlying cause last.	DUE TO, OR AS A CONSI	EQUENCE OF				
20 ses the pole or ion		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT BELATED	D TO THE TERMIN	AL DISEASE OR COND	UTION CIVEN IN B	ADT 1 -
RECORDS, low requir	N N				o to the tekning	AL DISEASE ON COME	ATTOM GIVE IN IN I	KKI I U
beer rait.	CERTIFICATION	90 DATE OF OPERATION	195 CONDITION FOR WE	HICH OPERATION WAS PERFO	ORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
L RE lo Sn	풀					YES NOTAL	IN CERTIFYING CA	AUSES OF DEATH?
VITA Na. Th ysacio cote cote nonsit Hygie 8 sho	1 1 1	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW II	NJURY OCCURRED	(ENTER NATURE OF INJUR		
N OF VIII		OR CONTRIBUTING _ CAUSE OF DE		DAY YEAR		10.4154.441045.01.14304	THE TOTAL TOTAL	M1 2)
HYSIC ding ding burio	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	19 211 LOCATE	ION			
SI = = = = = = = = = = = = = = = = = = =	WE	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC ) STREE		CITY OR TOV	VN COU	NTY STATE
DIV of a ster of		AT WORK		M /				
DOR. THEORY		22a. I certify that (I) (this hasp sow the deceased alive an	4-1	you a rouge	1982	. 10 May 6	19 02	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Spiral foot		abave, (I) (we) (did) (did no	nt) view the bady all death.		) (aur) opinian dec	th accurred on the do		
OR or house or house or hear or hear of them		22b. SIGNATURE	1	DEGREE	ATTENIONIC	hence		DATE SIGNED
TAL Y THE Get det Core		H-lan	MM		PHYSICIAN DE	MEDICAL STAF	AN 🗌	May 6, 1982
HOSPITAL med by the FUNERAL uid be det or the State ORTANT:		228 PHYSICIAN'S NAME (TYPE	OR PRINT)	72e ADDRES	SS 2334	MOUNTAIN R	OAD	
0 0 0 = 0		HAMID A. TO	OWHIDIAN, M.D.			ENA, MARYL		
0 de 10 de 1	23a. Bl	IRIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR		23d LOCATION		
LIO I BP	(5	Bunial	5/10/82	Parkupod Ceme	+0.00	Park.: 11	R . 14	14
9 0 DHMH - 16 50M 1/81	24 FU	VERAL DIRECTOR			BO DATER	EC'D. BY REGISTRARIA	REGISTRALS SI	GN Mary Land
(VRA 15, 4)	1	NAME 7	ADDRI	1 1 6 . 6	MAY	'/ 4000 P	careas la	in lather



		FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	11259
or 4 may be		CEASED NAME PIRST E OR PRINT X X	et Lillian 1 RACE	S. DATE OF BIRTH MONTH DAY YEAR 11 20 06	2a DATE OF DEATH MONTH  6. AGE (IN YEARS LAST BIRTHDAY)  75 YR	DAY YEAR 26 HOUR  15 UNDER I YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  S.
by the facts Po		IRTHPLACE ISTATE OR FOREIGN CHANSAS  ITY OR TOWN OF DEATH  JEWU! / JE HD	(IF NOT IN SUCH FACILITY, GIVE STREET	MANOR	9. BALTIMORE CITY OR COULD  120. USUAL OCCUPATION (TYPE OF ONE SHOW OF SHOW)	MD.  126 KIND OF BUSINESS OR
ompletely filled in 1 and 2 should the 1 sho	14. F/	ATHER'S NAME Frank Drost	MIDDLE LAST	YN 134 INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N. FIRCLARE	AME MIDDLE C	chmidt 1ASI
inficate be executed by the physician and composers. Pages movel.		18 CAUSE OF DEATH   Enter or PART I. DEATH WAS CAUSE	only one couse per line for (a), (b), on	-330 Zofia Cook	1 1 1 1	APPROXIMATE INTERVAL BETWEN ONSET AND DEATH
that the death cer d by the attending lease remove corbo ial, cremation, or re or ather traumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)	ENCE OF		
ne low requires on. hos been signe permit. Then p ene prior to bur ows ony injury.	CERTIFICATION	190. DATE OF OPERATION	1 196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TER.  OF SHAPE OF THE TER.  OF SHAPE OF THE TER.	7 M 200 AUTOPSY? 20b. IF	GIVEN IN PART 110  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
DING PHYSICIAN: TI or ottending physicia After this certificate te as the buriol-transit oth and Mentol Hygi marked or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART ?)  COUNTY STATE
DR ATTEN hospital IRECTOR: hed for us rept. of He		The state of the s	noticely attended the deceased from 19 ot Dew the body after death.	DEGREE ATTENDING PHYSICIAN	to	, 19, tho (1) we) lost hour and from the couses stated
TO HOSPITAL OF resource by the TO FUNERAL Eshauld be detected with the Store EMPORTANT: If		22d PHYSICIAN'S NAME (TYPE OF STATE OF	ORPRINI EPAFCIENO L 236. DATE 236.	NAME OF CEMETERY OR CREMATORY t. Lincoln Cremato	Rideraly K	M. COUNTY STATE

Beall Funeral Home, 1212 West St., Annp., Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

1 2 5 1 1 2 8 20 100 Maccadest Limon George Sansan Fire of the Sansan Sans Don't two surregions server all the Marie Con Company Contraction 1 193 . St. Docksen: Symplement offensil .St. 10-US-P . militares. w Wed John Latte wild, down to see 2237 , wer Leasule lines

- 1	- ST	R ATE GISTRAR		ME	DICAL	MENT OF I	HEALTH	TAND MENTAL F	OF DE A	TLI	1	1 6	2 0	U
		ASED NAME	FIRST		MIDDLE			LAST		a. DATE KNO	REG. NO.	NTH DA	AY YEAR	Zà. HOU
	(TTPE OI		Richar	rd	W.			Grant	8.1	OF ES	-	1	7 19 82	
	SEX	4 RACE		DATE OF BIRTH		6 AGE (IN YEA	RS IF UN	NDER 1 YR. IF UNDER	24 HRS. 2	C. DATE				2d HOU 4:22
77	Ma]			2/11/1		60 YE	S.	HOURS HOURS		DEAD	5		7 1982	p. 7
M.	FOREK	HPLACE (STATE OR	71	. CITIZEN OF WI		ITRY?	8. MARR	IED NEVER MARR	IED X	BALTIMORE	_			
		yland OR TOWN OF DEATH	,	U.S.		DEING HOME	WIDOW	VED DIVORC		Anne .	Arunde		unty,	M
1				(IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)			FOR M	ost of working I	IFE)	)RK 128.	OR INDUST	RY
US	SUALR	Innapolis ESIDENCE (IF IN NURSIN	G HOME OR C	Anne Art	E RESIDENCE	BEFORE ADMISSIO	al Ho	ospital		ICK Da	YCI		JOHS	, L. 0
<b>M</b>	o. STA ary	land 13b	COUNTY A.	A.	Feri	ndale		YES NO	13e STREE	Elen	Driv	е		
		er's NAME chard		MIDDLE	Gra	ant	+ the fra	15. MOTHER'S MAIDI	EN NAME	Ellen		Pui	mphr∈	ey .
10 10 136 14 166	a. WA:	DECEASED EVER IN	U.S. ARME	D FORCES?		TAL SECURITY		17. INFORMANT	11111	AC	DDRESS			
L		res	WW=2		219	-18-30	)44	Thurma (	Grady	7	same	as	abov	7e
	18	CAUSE OF DEATH (E	Enter anly o									В	APPROXIMAT ETWEEN ONSE	E INTERVAL
3	-			CAUSE (a)B		injury		Irunk	4 -					
1	7	Canditians, if any,	which	DUE TO, OR	AS A CON	ISEQUENCE (	OF.							
-		gave rise to immediate cause (a) stating the	mediate	(b)	AS A CON	ISEQUENCE C	\E		-			-		
		lying cause last.	5 4	(6)		-SEGPOET TOE C								
		RT 2 OTHER SIGNIFICANT CO	NOITIONS CON	TRIBUTING TO DEATH	DUT NOT RELA	TED TO THE TERM	NAL DISEASI	E OR CONDITION GIVEN IN PA	RT 1 rai.					
3	MEDICAL CERTIFICATION												The	15-71
3	S 19	DATE OF OPERATIO	N	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED?		44.16		20	AUTOPSY	?
	Ē	o. EXTERNAL CAUSE V	A/ A C	21b. TIME OF	Is the object		1						YES XX	NO 🗌
13	U	UDERIVING XXOD		HOUR ALM	. MONTH	DAY YEAR	100	OW INJURY OCCURRE				JR PART 2)		
1	C 21	ONTRIBUTING CAL		21e PLACE C		17 19 8		iver in aut	to/au1	to impa	c†			
1	W W	THILE NOT WH		STREET, FACT				STREET	Shot 7	CITY OR TOWN	Annai	COUNTY	c Ani	STATE
	-			THE RESERVE TO SERVE							Ari			, Md.
4		22a. I certify that I too			Accident			sy XX, Inspectio		Inquiry	and in m	yopinion		, 110.
	· ·	leath resulted fram:	Natural	couses L.,	Accident	[Z], SUI	cide	, Hamicide	Undeter	mined manner	<u></u>			
	A	CTUAL GNATURE	van	ra It	Jala			Assistar	T MEDIC	CAL EXAMINER	DA	ATE GNED	5-18-	-82
		AMINER'S NAME (PE OR PRINT)	Vira	ginia L.	Dola	n, M.D		ADDRESS		n Stree		J. 4L D		
23					123c N	JAME OF CEA	SETERY O	R CREMATORY	1236 100	ATION				
	Bui	AL, CREMATION, REM	5	/21/82	G	len Ha	aven	Cemeter	y Gle	n"Bur	nie,	A.	A. Mô	ATE
24	N	RAL DIRECTOR		ADDRESS				25a. DATE		REGISTRAR 25	REGISTRA	SIGN	ATURE	
	Ra	ymond C.	Fin	k G	len :	Burnie	e, M	id. M	AY 1	0 1002	Para	W.	W.	7.

STATE OF MARYLAND

10311 28 Tavani in 25 and as the same as a same as a same as a went in army great second in the 1-270 C will now were and the same of the same

George P. Kalas Funeral Home Oxon Hill. Md.

- STATE

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

20 DATE OF DEATH

26 HOUR

12b. KIND OF BUSINESS OR

Military

APPROXIMATE INTERVAL

NOF

N. Hampshir

COUNTY

IF UNDER 24 HRS

1982

INDUSTRY

Pierce

LAST

6160 Oxon Hill Rd.



offer 12. 1982 1 76% Crayer, Jr. . To meles, Carrigian Cetores . . 1917 U.S. 3. MroY well I bruth pro. Anne Arundel General Rospital T.E.Air Force Hot. Military shipping Maryland Frince Forcest, bashington x 2211 Jerome Srive 90'181 J. Graner, Gr. Alice John avim ar ma". Hiss Yes wall-Koreen 13 -07-7,43 tilen H. Gracer Pt. washington, limit no

Fr nk J. "albot, v.I. 273 Franci Ave. Per low For nt., bt.

urial 5/19/62 sine Grove denotery Manchester dillocro V. amasia tion oxon Fill ad. Gaurre - in as funeral Nome Cach Fill, Md.

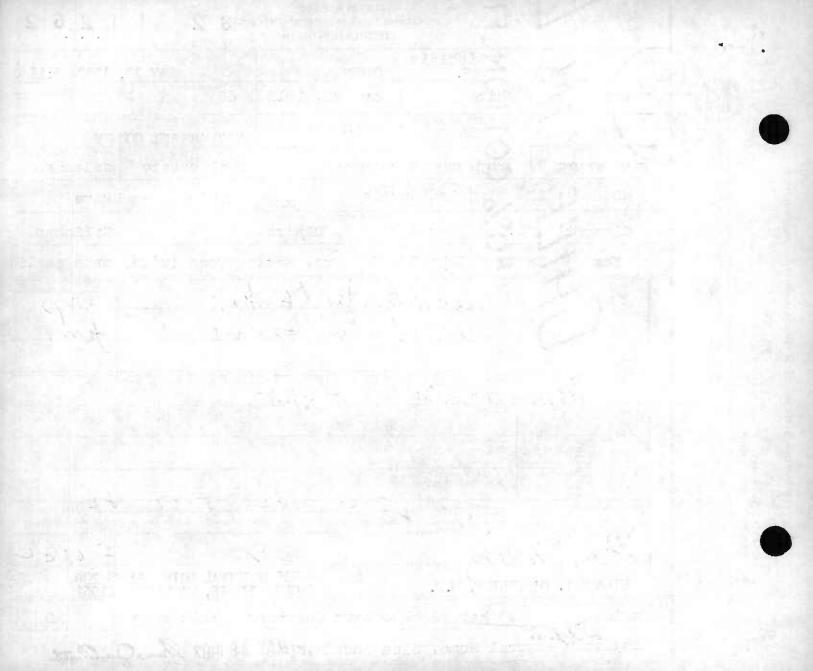
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

FOR

- STATE

(VRA 15, 4)

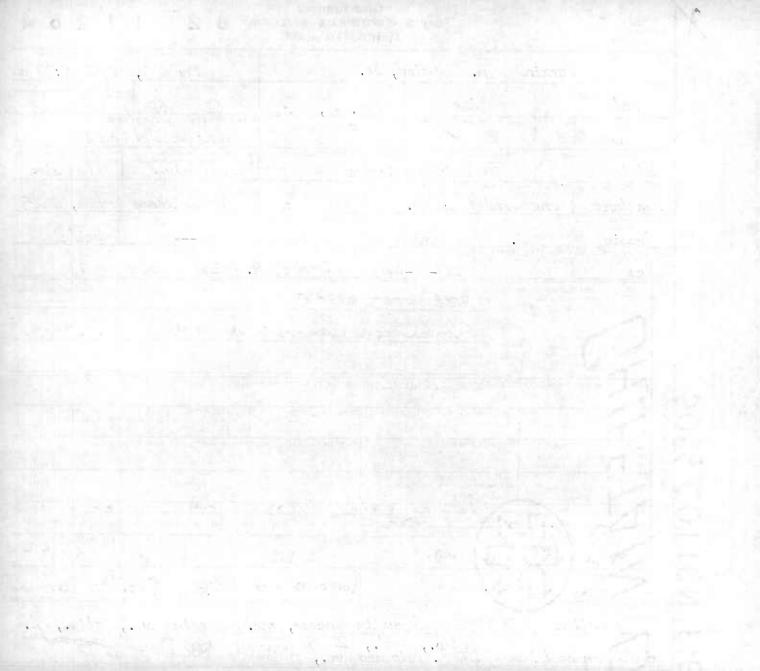


	noy be	13/
•	death Page # o	funcial dice of other 72 hours dis
YLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Farest may be toined by the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the latter of direct hould be detached for use as the burd-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 from other desired.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ate be executed w	pers. Poges 1 and ol.
PRESTON ST., B	he deoth certifico	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physici hould be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
CORDS, 201 W.	v requires that t	neen signed by the sign of the
N OF VITAL REC	/SICIAN: The loving physician.	certificate has burnol-transit perm
DIVISIO	O HOSPITAL OR ATTENDING PHYSICIAN: The Ictoined by the hospital or attending physician.	CTOR: After this d for use os the b
	HOSPITAL OR	D FUNERAL DIRE

	1.	FOR STATE REGISTRAR	DEPARTM	MENT OF HE	OF MARYLAND ALTH AND MENTA CATE OF DEATH		8 2 REG. NO	1	12	6 3
a (NA)		CEASED NAME FIRST OR PRINT) Helen	S G	TYEM Is, DATE OF	pler	11.	DATE OF DEATH  May  AGE (IN YEARS LAST BIRTI	MONTH DAY	YEAR 21	12 50 PM
	-	remale	Cwc	MONTY	O3 C	88	74		o local repair	OURS MIN.
deoffire di nui 72 hau		Ohio	U.S.	WIDOWED	NEVER MARRIE	9 E	Anne I	AYUNTY O	F DEATH	MD.
our offer of ded said	H'	Mersville	(IF NOT IN SUCH CACILITY, GIVE STREET A	Han Han		(TY	USUAL OCCUPATION PE OF WORK FOR MOST OF WAITTESS	ON WORKING LIFE)	12b KIND OF B INDUSTRY Restaux	
ly filled in should be remoted by	13a S	TATE 126 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE IY I30 CITY OR TOWN	nie 1	3d. INSIDE CITY LIM YES NO [		304 R	dgel	Rd	•
omplete	Jo	ohn FIRST	Wanko LAST		Jesse	DEN NAME	WIDDIE		tle	
be execu		VAS DECEASED EVER IN U.S. ARA (ES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	70 70	7. INFORMANT		ADDRES	55		
equires that the death certificat in signed by the attending physis Then please remove corbon pop to burial, cremation, or removal injury, or other traumatic event, it	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	y one cause per line for (a), (b), one (b) (b);  CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D	NCE OF	OT RELATED TO TH	faul TE TERMINAL	DISEASE OR COND	ition given		TE INTERVAL SET AND DEATH
The low relicion. Ite hos beer stit permit. Gene prior shows ony i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED		YES NO		VERE FINDING: NG CAUSES OF	
SICIAN: ng phys certifica real-froi entol Hy them 18	CAL	210 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR . 19		OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
Offendi offendi ter this is the bu ond M rked or	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		STREET		CITY OR TOW	/N	COUNTY	STATE
ATTENDIN ospital or ECTOR: Af of for use o 1. of Healt! m 21 is mo		22a.1 certify that (I) (this hospite sow the deceased alive an above, (I) (we) (did) (did not		10 1 12 , and	that in (my) (our) o	pinion deat	ta_5/16	, 19. te and hour a		it (I) (we) last uses stated
AL OR AL DIRE LA		Mac 1	pla	W	GREE ATTEND PHYSIC		EDICAL STAFF		220. DATE SIC	58/8
to HOSPIT etoined by TO FUNER should be owith the Str With the Str		22d PHYSICIAN'S NAME (TYPE OR	KAPLAH		1845	5 (	DARN	100 D	RF	850
BP	23a B	URIAL, CREMATION, REMOVAL Removal	236. DATE 23c N 5/16/82	AME OF CEA	AETERY OR CREMA	TORY	3d. LOCATION CITY OR TOWN	c	OUNTY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		neral director NAME atomy Board	Balto, Md.		23	So. DATE RE	C'D. BY REGISTRAR P	Pare	) Alle	2 Char

0 2 1 1 2 6 3 of the second of Firms: 4 33 58 74 Daniel X \_\_\_\_\_ Millers willer to the college of the control of 19 - Land 19 BA BH lot the feedle California Santa S

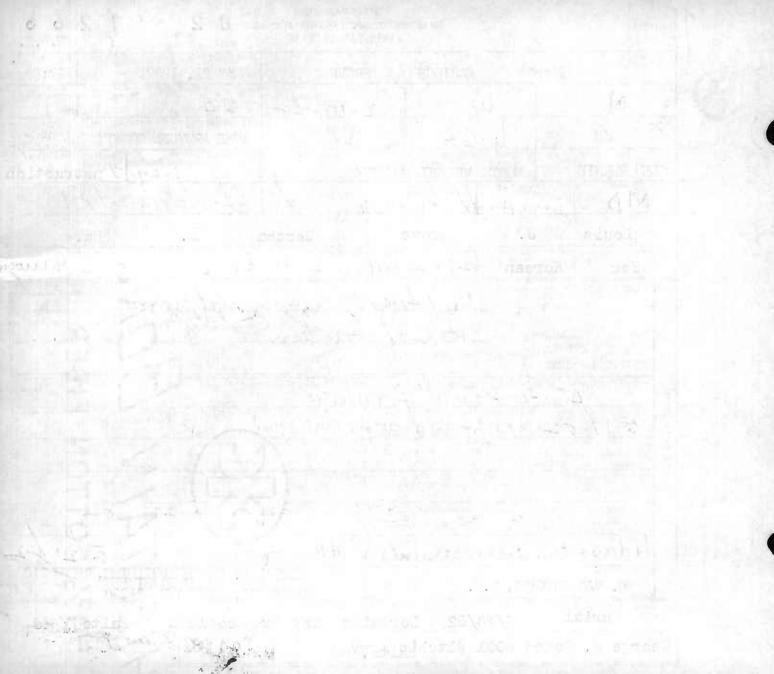
9	1-	FOR STATE REGISTRAR	DI	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO		2 6 4
2 5	TYPE	EASED NAME FIRST  PRINT)  Manta	in A.	Grimm, Sn	AST .	20. DATE OF DEATH May	5, 198	
4 9 8	3. SEX	Male	4. RACE White	S DATE C		6. AGE (IN YEARS LAST BIRTH	RS. MONTHS I	DAYS HOURS MIN
once		THPLACE ISTATE OR FOREIGN UNTRY) Maryland	76 CITIZEN OF WHAT CO	MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY O Anne An	undel (oun	
ofter d	R	y or town of DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	WE STREET ADDRESS)		12a USUAL OCCUPATH (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUS	nd of Business OR STRY leamster
24 hours filled in to avild be fi		RESIDENCE (IF NURSING HOME O TATE 136 COUL Anyland Anne	R OTHER INSTITUTION, GIVE RESIDEN NTY 136. CITY ( E Arunde L Ba	OR TOWN	13d INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS 500 Mat.	thews Aven	ше <b>,</b> 21225_
completely fille	14. FA	THER'S NAME FIRST Jessie	MIDDLE I	Grimm	15. MOTHER'S MAIDEN NA Elizabea	th ——		leidel
be executed on so no and comp s. Poges I or e medicol ex	16a. W	AS DECEASED EVER IN U.S. AF	RMED FORCES? 166, SOCI VE WAR OR DATES) 217	-50-1863	17 INFORMANT Elizabeth	H. Grimm	Same as	#13
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALLIMURE, MARTLAND 21 AND UNDER THE CORDS, 301 W. PRESTON ST., BALLIMURE, MARTLAND 21 AND UNDER THE CONTROL OF THE CONTROL	NO	Canditians, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	IRATORY UNSEQUENCE OF	A RREST		DITION GIVEN IN PA	
TALRECOR	CERTIFICATION	19a, DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED LUSES OF DEATH? NO []
PHYSICIAN: The lo ending physicion. this certificate hos the burial-transit per ad Memtal Hygiene g d or tem 18 shows		21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PA	ART 2
DIVISION OF VI	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR' (AT HOME, STREET, FACTOR		21f. LOCATION STREET	CITY OR TOV		
DR ATTENDI : hospital ar !NECTOR: A ched for use ched for use them 21 is m		22a.1 certify that (1) (this hasp saw the deceased olive a above, (1) (we) (did) (did n 22b. SIGNATURE	oitol) ottended the decease		nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STA	22c.	
HOSPITAL bined by the FUNERAL bould be detrien the the State broat and the State broat		22d PHYSICIAN'S NAME (TYPE	OUBSHULL)		PHYSICIAN  220. ADDRESS  1045 HOP KI	DIRECTOR PHYSIC	CANTERS WOLFE	T COUTTON'S
Bb———		ourial, cremation, remova specify (remation	1 23b. DATE 5/8/1982	Securit		23d LOCATION CITY OR TOWN		ettore Md.
DHMH - 16 25M (VR A 15 (4)   9/74	24 F	INERAL DIRECTOR	Homes 237 E	-	21225 25a. DA	AY 7 1982	PAREGISTRA	SNA FRETHE



RE	ATE GISTRAR	DEPARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2 1	1265
(TYPE OR P	MONKE		R055	20 DATE OF DEATH MONTH	5 82 0920 Am
3 SEX	M	RACE CBLACK S. DATE C	29 1910	6. AGE (IN YEARS LAST BIRTHDAY)  72 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
COUN	PLACE (STATE OR FOREIGN 76 ARYLAND	U.S.A. WIDOWE	MINEVER MARRIED DIVORCED	ANNE ARU	> -1
53AN	VA DO HS	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL PROPERTY ADDRESS)	POTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Retired Barber	12b. KIND OF BUSINESS OR INDUSTRY U.S. Naval
MARY!	LAND A.A.	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13r. CITY OR TOWN  ANNAPOLIS  DDLE  LAST	13d INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN NAM	13e. STREET ADDRESS 1150 Madison St	Academy
	DANTON DECEASED EVER IN U.S. ARMI	GROSS	HELEN  17. INFORMANT  MILDRED BROWN	ADDRESS Sh	CROWNER ady Side, Md. t Rd.
y, or other troumotic event	PART I. DEATH WAS CAUSED IMMEDIATE IMMEDIATE IMmediate, if ony, which are rise to immediate use (a), stating the iderlying cause last.		ordial infor	foric fibrillation  Lin  NAL DISEASE OR CONDITION GIV	A BETWEEN ONSET AND DEATH  20 MENUSES  4 Day  VEN IN PART 110
CERTIFICATION 510	DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	INCERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
WEDICAL MEDICAL WAR WAT	saw the decepted alive on	P.M. 19 21e PLACE OF INJURY (AT MOME STREET, FACTORY, OFFICE, FARM, ETC.) ) ottended the deceased from 19	214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22 d.	SIGNATURE	tuni pl	ATTENDING PHYSICIAN 2726 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	5/25/Fr
23a BURIA (SPECI BL	JRIAL RAL DIRECTOR			Page 100 TOWN CITY OR TOWN SIDE Shady Side REC'D. BY REGISTRAR 756 REGIST AY 26 1982 Towns	RAR'S SIGNATURE

6 6 3 4 1 - 5 0 000 Form Contract HALL - JOHN THE PROPERTY COURT OF THE STATE And the state of the control of the Traits of the start and Commence to be the second And the state of t THE STATE OF THE S

DIVISION OF



MALE  NEGRO  NEG	100	5 4 82		HALL	WESLEY		JOHN	2000	1074		2 83	
U.S.A.   MARRIED   NEVER MARRIEDAD   NORCED   ANNE ARUNDEL COMMENDED   NORCED   NORC	IF UNDER 24 H	MONTHS DAYS							71.75		ge 4 mo ector, pr mrofter o	
IDENTIFY OF TOWN OF DEATH  IDENTIFY OF WORKING WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORKING WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORKING WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORKING WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORKING WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORKING WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORKING WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORKING WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORKING WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORKING WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORKING WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORK DOWN GOT OF WORKING IEEE INDUSTRY  IDENTIFY OF WORK DOWN GOT OF WORKING IEEE INDUSTRY  INDUSTRY  INDUSTRY  IDENTIFY OF WORK DOWN GOT OF WORKING IEEE INDUSTRY  INDUS	UNTY				A		E OR FOREIGN			35	6	0
MANUAPOLIS  136 INSIDE CITY LIMITS?  136 INSIDE CITY LIMITS?  136 INSIDE CITY LIMITS?  136 INSIDE CITY LIMITS?  137 STATE  MANUAPOLIS  138 STATE  MANUAPOLIS  139 STATE  MANUAPOLIS  140 MANUAPOLIS  151 MOTHERS MADEN NAME FIRST  MIDDLE FIRST		UPATION 126 KIND OF	12a USUAL OCCUPATIO	or other institution oad	HOSPITAL, NURSING HO	11. NAME OF I				00	W	10
THE PART I. DEATH WAS CAUSED BY:    Second to the part of the part	ad			134 INSIDE CITY LIMITS?	13c. CITY OR TOWN			STATE	13a :	35	filled in nould be t	AND 212
Amapo CORNELIA BROWN 920 Chesterfield Rd.  It can be do to	ST	IDDLE LAST	MIDDLE	ELZENIA	HALL		H	JERMIAH		DE 20	ompletely	MARYL
PART I. DEATH WAS CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF NY PEVCAL CEULIG  Conditions, if ony, which gave rise to immediate couse (0), stofting the underlying couse (0), stofting the underlying couse lost.  OUT  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 (0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 (0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 (0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 (0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 (0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 (0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 (0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 (0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 (0)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 (0)  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED	0.0	Annapol: nesterfield Rd.			166 SOCIAL SECURITY		VER IN U.S. AR.	WAS DECEASED EVER	160 V	e medico	be exect on and c	TIMORE
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.  Column to the state of the underlying couse last.  Column to the und	ONSET AND DEA	4.1	avrest	respiratory	line for (a), (b), and (c).)	ED BY:	H WAS CAUSE	18 CAUSE OF DEA PART I. DEATH V		event, th	ertificate ig physici son paper removal.	ST., BAL
Couse (a), stoting the underlying couse last.    Couse (a), stoting the underlying couse last.   Couse (a), stoting the underlying the underl	month	ln	uia	hypercalcer	R AS A CONSEQUENCE	DUE TO, OI				roumatic	atendir ottendir otion, or	RESTON
A RECORD TO THE TOTAL OF THE TO	mouth					(c)	toting the ouse last.	couse (a), stati underlying cous		or other	that the	01 W. P
196. DATE OF OPERATION  197. DATE OF OPERATION  196. DATE OF OPERATION  197. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. DATE OF OPERATION  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. DATE OF OPERATION  199. DATE OF OPERATION  198. DATE OF OPERATION  199. DATE OF OPERATION  198. DATE OF OPERATION  199. DATE OF OPERATION  190. DATE OF OPERATION  19	4000								TION	y injury.	requires en signe t. Then p or to bur	ORDS, 2
116. ACCIDENT WAS UNDERLYING 2 116. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. ACCIDENT WAS UNDERLYING 2 126. TIME OF INJURY AS UNDERLYING 2 126. TIME OF INJURY AS UNDERLYING 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. ACCIDENT WAS UNDERLYING 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. ACCIDENT WAS UNDERLYING 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. ACCIDENT WAS UNDERLYING 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. ACCIDENT WAS UNDERLYING 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. ACCIDENT WAS UNDERLYING 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. ACCIDENT WAS UNDERLYING 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. ACCIDENT WAS UNDERLYING 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. ACCIDENT WAS UNDERLYING 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. PART 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. PART 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. PART 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. PART 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. PART 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. PART 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. PART 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. PART 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. PART 2 126. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)  12. PART 2 126. HOW INJURY OCCURRE		IN CERTIFYING CAUSES O	YES NO						RTIFICA	uo small	The low cion. te hos be sit permi	¥
216. INJURY OCCURRED 216. INJURY 216. INJU		OF INJURY IN ITEM 18 PART 1 OR PART 2)	ED (ENTER NATURE OF INJURY		M. MONTH DAY Y	HOUR A.P.	CAUSE OF DEA	OR CONTRIBUTING		- 4	SICIAN: ng physic certifical prial-tron	N OF VI
WHILE NOT WHILE AT WORK	STATE		CITY OR TOW	STREET					WED	orked or	ottendi ofter this os the bi	DIVISIO
sow the deceased alive an April 20 19 82, and that in (my) (our) opinion death occurred on the date and hour and from the above, (I) (we) (did) (did not) view the body after death.		, 17, 111	, 10	, , ,	20 19 82	April	ceased alive on, re) (did) (did no	sow the decease above, (I) (we)		n 21 is m	ATTENDI spitol or CTOR: A d for use	
TENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN STAFF	SIGNED 6[82	STAFF PHYSICIAN   22c DATE SI	MEDICAL STAFF	ATTENDING ) PHYSICIAN	su.0.		S. Del	>		F F F F F F F F F F F F F F F F F F F	Y the horal DIRE detocher	
Stuart E. Selonicu, M.D. Bus Hopkins Hospital Balt.	21205	ospital Balt. 2	okins Hospi		Conick, M.D	E. Sel	SNAME (TYPE O	226. PHYSICIAN'S N		MPORTAL	O HOSPI stoined b O FUNEI hould be	

5-7-1982

WILLIAM REESE & SONS MORTUARY, P.A.

Annapolis, Md.

. STATE

REGISTRAR

230 BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

BP\_

DHMH - 16 50M 1/81

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Balti Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Annapolis A.A. Maryland Mt. Tabor U.M. Church 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE MAY 10 1982

REG. NO. 20. DATE OF DEATH MONTH

2b. HOUR

126 KIND OF BUSINESS OR INDUSTRY

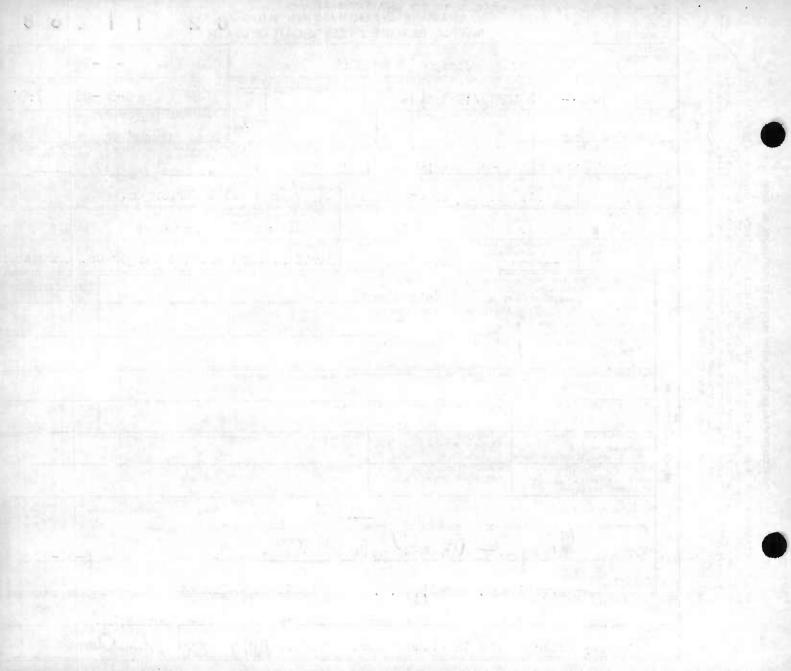
JONES Annapolis. Md.

> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 minutes

IF UNDER 24 HRS

	Re-ulies				
				he i	
		way o			
		late	12 1 2 1 A 1 22		
3000 NO 276 fo 10				· · · A provided	
A Trailer					
		and -			
affigured as a state of		ert x			
		8	, , ,		

	REGISTRAR ECEASED NA	AE FIRS		MEDICAL EX AI	MINER'S	LAST	2a. D.	ATE KNOV	G. NO.	ONTH / C		AR
(1	YPE OR PRINT)	TRO	Y	Joseph	HAL	L		OF ESTI	5	-30-	-82,	
3. SI	nale	4 RACE Whi	5. DATE OF B		BIRTHDAY) MONT		MIN PRON	DATE HOUNCED DEAD	моі 5-	-30-		ÉAR
70.	BIRTHPLACE OREIGN COUNTRY	STATE OR		OF WHAT COUNTRY?	YRS.	RIED NEVER MA	0 PA	LTIMORE			17	4
	Murra	y Utah	USA		WIDOV	VED DIVO	RCED ar	ne Ar				
10 0	CITY OR TOWN		(IF NOT IN SI	HOSPITAL, NURSING UCH EACILITY, GIVE STREET ADD	ORESS)	HER INSTITUTION	12a USUAL O FOR MOST O	CCUPATIO F WORKING LI		ORK 12h	OR INDU	
	JAL RESIDENC	napolis E (IE IN NURSING HO	ME OR OTHER INSTITUTE	h Arundel H	DMISSIONI			tuden:				
130	Md.	136.00	A.A. Co.	Crowns	ville	YES NOW NOW		Barge	er De	•		
14. (	ATHER'S NAM		WIDDIE	LAST		15. MOTHER'S MA	IDEN NAME	Marga			Nası	
160	Charl		J. ARMED FORCES?	Hal.		LIA1	ne		DRESS		Magi	_
	YES, NO, OR UNK	(IF YES,	GIVE WAR OR GATES)	220-84-			Ford Jr			er D	r. Cr	?(
	18 CAUSE	OF DEATH (Ente	er anly ane cause pe	er line for (a), (b), and (c	:).)	13610					APPROXIA BETWEEN O	M/
	PARTIC	DEATH WAS CA	USED BY: DIATE CAUSE (a)_	Undeter	mined						DET WEET O	
	177	77		O, OR AS A CONSEQUE	NCE OF							ī
		ans, if any, w										
1	gave cause (	rise to immed a) stating the <u>un</u>	liate (b)_	D, OR AS A CONSEQUE	NCE OF							
	gave cause (	rise to immed	liate (b)_	), OR AS A CONSEQUE	NCE OF							
	gave cause ( lying co	rise to immed a) stating the <u>un</u> ause last.	liate (b)_ der- DUE TO	D, OR AS A CONSEQUE	-	SE OR CONDITION GIVEN I	N PART 1 (a).					
TION	gave cause ( lying co	rise to immed a) stating the <u>un</u> ause last. SIGNIFICANT CONOIT	der- DUE TO  (c)  IONS CONTRIBUTING TO	OEATH BUT NOT RELATEO TO TI	HE TERMINAL DISEAS		N PART Σ (α).				20 441705	
FICATION	gave cause ( lying co	rise to immed a) stating the <u>un</u> ause last.	der- DUE TO  (c)  IONS CONTRIBUTING TO		HE TERMINAL DISEAS		N PART 1 (a).				20 AUTOF	
ERTIFICATION	gave cause ( lying co	rise to immed a) stating the <u>un</u> ause last. SIGNIFICANT CONOIT	idete (b)_ der DUE TO (c)_ IONS CONTRIBUTING TO  196 CO	DEATH BUT NOT RELATED TO TO  DIVIDITION FOR WHICH  AE OF INJURY	OPERATION W	VAS PERFORMED?		OF INJURY IN	TEM 18 PART I		YES X	
AL CERTIFICATION	gave cause ( lying co  PART 2 OTHER  190. DATE CO	rise to immed a) stating the unause lost.  SIGNIFICANT CONOIT  OF OPERATION  HAL CAUSE WAS	idate (b)_ der· DUE TC (c)_ IONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE CONTROL OF T	OPERATION W			OF INJURY IN I	TEM 18 PART 1		YES X	
DICAL CERTIFICATION	gave cause ( lying co  PART 2 OTHER  190. DATE CO	rise to immed a) stating the uniquese last.  SIGNIFICANT (ONOIT OF OPERATION	IONS CONTRIBUTING TO THE CONTRIBUTION TO THE C	DEATH BUT NOT RELATED TO TO DINDITION FOR WHICH  AE OF INJURY  R. A.M. MONTH DAY  P.M.  ACE OF INJURY  (ATHO	OPERATION VI	VAS PERFORMED?		OF INJURY IN	TEM 18 PART 1		YES X	
MEDICAL CERTIFICATION	gave cause ( lying co  PART 2 OTHER  19e. DATE CO  21a. EXTERN  UNDERLYIN CONTRIBU  21d. INJURY	rise to immed a) stating the un ause last.  SIGNIFICANT CONDIT  OF OPERATION  JAL CAUSE WAS  OR OR  LING CAUSE  OCCURRED	IONS CONTRIBUTING TO THE CONTRIBUTION TO THE C	DEATH BUT NOT RELATED TO TO  DINDITION FOR WHICH  AE OF INJURY  R. A.M. MONTH DAY  P.M.	OPERATION VI	VAS PERFORMED?	RRED (ENIER NATURE	OF INJURY IN I	TEM 18 PART 1		YES X	
MEDICAL CERTIFICATION	gave couse ( lying co  PART 2 0THER  19a. DATE CO  21a. EXTERN UNDERLYIN CONTRIBU  21d. INJURY WHILE AT WORK	FOPERATION  JAL CAUSE WAS  GO OR  ING CAUSE  OCCURRED  NOT WHILE  AT WORK	IONS CONTRIBUTING TO S  21b. TIA HOUR OF DEATH	DEATH BUT NOT RELATED TO THE CONTROL OF INJURY P.M.  AC OF INJURY P.M.  ACE OF INJURY (AT HO, IT, FACTORY, FARM, ETC.)	OPERATION V YEAR 19 211. LC	VAS PERFORMED?  OW INJURY OCCU  OCATION  STREET	RRED (ENTER NATURE	OR TOWN		OR PART 2	YES X	
MEDICAL CERTIFICATION	gave cause ( lying co  PART 2 OTHER  19e. DATE C  21a. EXTERN UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK  22e. Lee	SIGNIFICANT CONOIT  OF OPERATION  JAL CAUSE WAS  OCCURRED  NOT WHILE AT WORK	IONS CONTRIBUTING TO S  21b TIA OF DEATH  21e PL STREE	DEATH BUT NOT RELATED TO THE CONTROL OF THE CONTROL	OPERATION W YEAR 19 211. LC	OW INJURY OCCU	CITY	OR TOWN		OR PART 2	YES X	
MEDICAL CERTIFICATION	gave couse ( lying co  PART 2 0THER  19a. DATE CO  21a. EXTERN UNDERLYIN CONTRIBU  21d. INJURY WHILE AT WORK	SIGNIFICANT CONOIT  OF OPERATION  JAL CAUSE WAS  OCCURRED  NOT WHILE AT WORK	IONS CONTRIBUTING TO S  21b. TIA HOUR OF DEATH	DEATH BUT NOT RELATED TO THE CONTROL OF INJURY P.M.  AC OF INJURY P.M.  ACE OF INJURY (AT HO, IT, FACTORY, FARM, ETC.)	OPERATION V YEAR 19 211. LC	OW INJURY OCCU OCATION STREET  Josy M. Inspec	CITY  Chan , Inc.  Undetermine	OR TOWN		OR PART 2	YES X	
MEDICAL CERTIFICATION	gave cause ( lying co  PART 2 OTHER  190. DATE CO  21d. EXTERN CONTRIBU  21d. INJURY WHILE AT WORK  220. I cei death resu	FOPERATION  ALCAUSE WAS  GOOR  OR OR  CING OR  COURRED  NOT WHILE  AT WORK  Tify that I took cl	IONS CONTRIBUTING TO S  21b TIA OF DEATH  21e PL STREE	DEATH BUT NOT RELATED TO THE CONTROL OF THE CONTROL	OPERATION W YEAR 19 211. LC	OW INJURY OCCU  OCATION STREET  Sy XX, Inspective Control of the c	CITY  City  Undetermine	or town	and in n	OR PART 2	YES X	<u> </u>
MEDICAL CERTIFICATION	gave cause ( lying co  PART 2 OTHER  19a. DATE C  21a. EXTERN UNDERLYIN CONTRIBU  21d. INJURY WHILE AT WORK  22a. I cei death resu	FOPERATION  ALCAUSE WAS  GOOR  OR OR  CING OR  COURRED  NOT WHILE  AT WORK  Tify that I took cl	IONS CONTRIBUTING TO S  21b TIA OF DEATH  21e PL STREE	DEATH BUT NOT RELATED TO THE CONTROL OF THE CONTROL	OPERATION W YEAR 19 211. LC	OW INJURY OCCU OCATION STREET  Josy M. Inspec	CITY  Ction , Inc.  Undetermine	or town	and in n	OR PART 2	YES X	<u> </u>
MEDICAL CERTIFICATION	gave cause ( lying couse)  PART 2 OTHER  19e. DATE CO  21a. EXTERN UNDERLYIN CONTRIBU  21d. INJURY WHILE AT WORK  22e I cei death resu  ACTUAL SIGNATURI  EXAMINER	SIGNIFICANT CONOIT  OF OPERATION  OF OPERATION  SIGNIFICANT CONOIT  OF OPERATION  SIGNIFICANT CONOIT  OF OPERATION  SIGNIFICANT CONOIT  OF OPERATION  OF OPERATION  OF OPERATION  SIGNIFICANT CONOIT  OF OPERATION  OF O	IONS CONTRIBUTING TO S  21b TIA OF DEATH  21e PL STREE	DEATH BUT NOT RELATED TO THE CONTROL OF THE CONTROL	OPERATION W YEAR 19 211. LC	OW INJURY OCCU  OCATION STREET  Josy XX, Inspective Control Control  TITLE (SPECIFY  AD. ASSISTAL	CITY  City  Undetermine	or town	and in n	OR PART 2	YES X	<u> </u>
MEDICAL	PART 2 OTHER  19e. DATE C  21a. EXTERN UNDERLYIN CONTRIBU  21d. INJURY WHILE AT WORK  22a I cei death resu ACTUAL SIGNATURI  EXAMINER' (TYPE OR PR	SIGNIFICANT CONOIT  OF OPERATION  OF OPERATION  SIGNIFICANT CONOIT  OF OPERATION  SIGNIFICANT CONOIT  OF OPERATION  SIGNIFICANT CONOIT  OF OPERATION  OF OPERATION  OF OPERATION  SIGNIFICANT CONOIT  OF OPERATION  OF O	IONS CONTRIBUTING TO IONS CONT	DEATH BUT NOT RELATED TO THE DISTRIBUTION FOR WHICH  ME OF INJURY  R. A.M. MONTH DAY  P.M.  ACE OF INJURY  (AT HO  IT, FACTORY, FARM, ETC.)  Accident  KOFOLL  KOFOLL	OPERATION W YEAR 19 John, 211. LC	OW INJURY OCCU  OCATION STREET  Sy XX, Inspective Control of the c	CITY  City  Undetermine	or TOWN  quiry , ed manner  EXAMINER	and in n	OR PART 2	YES X	<u> </u>



, , 0	1 -	FOR STATE REGISTRAR	DEPART		FICATE OF DEATH	IENE 6 Z		2 6 9 EDT
10		CEASED NAME FIRST	MIDDLE	TOU.	LAST			YEAR 26 HOUR
poge 3 er death	(TYPE	OR PRINT)	GERTRUDE	HAME	PEL	MAY 15	, 1982	10:15
<u> </u>	3. SE		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	TYEAR IF UNDER 24 HRS
	.4	Female	White	Dec			YRS.	
776	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	-	
ő ,		PA.	U.S.A.	WIDOW	DIVORCED [		UNDEL CO	DUNTY MD.
54		LEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARU!	ADDRESS)	HOSPITAL	120. USUAL OCCUPATION OF SOLUTION OF WORK FOR MOST OF WORK FOR MOST OF THE SOLUTION OF THE SOL	E WORKING HEEL INDI	KIND OF BUSINESS OR USTRY Stinghous
35	130. 3	AL RESIDENCE (IF NURSING HOME O			13d. INSIDE CITY LIMITS?	208 Verno		
1		THER'S NAME		rnie	15. MOTHER'S MAIDEN NAM		7 6 7	
11/1	39	John	Fishe	~	Anna	WIDDLE	Mo	ter
0	16a \	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU		17. INFORMANT ister	ADDRE	SS 1 to M	d. 21206
2	(	res, no or unknown) (IF yes, gi	a 214-20-	3278	Mrs. Helen	March 620	oarco. M	onn Avo
11			nly ane cause per line for (a), (b), or			March Ozc	I RE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ī		PART I. DEATH WAS CAUSI	D BY:		y shoch		UL.	WEEN ONSE! AND DEATH
9 4	-	A D G G	- 11					
o number	41	Canditions, if any, which	DUE TO, OR AS A CONSEQU	DS 1				
1 2		gove rise to immediate	) (5)					
the Chi	19	couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF	in Feet			
li .	10	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			IN ALDISEASE OF COM	DITION GIVEN IN P	APT 1/a
-ton	N	PART 2. OTTER SIGNATUREALT	CONDITIONS CONTRIBUTION TO	DEATH BO	NOT KEENIED TO THE TERM	MALDISEASE ON CON	DITION ON EN INT	ANT 110
10	ATIC	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
Hygiene B	CERTIFICATION					YES T NOT	IN CERTIFYING C	AUSES OF DEATH?
S S S	ERI	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE			
	_	OR CONTRIBUTING CAUSE OF DE		AY YEAR				
or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f. LOCATION			
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	ARM, ETC }	STREET	CITY OR TO	WN COU	NTY STATE
morked		AT WORK — AT WORK —	ital) attended the deceased from	41	1) 10 82	5/15	10 8	2. that (1) (we) last
-2	c	saw the deceased alive or	5/15 10	8210	nd that in (aur) apinion o		ate and haur and fro	
m 2	и:	abave, (1) (we) (did) (did no	ot) view he bady after death.		DEGREE			DATE SIGNED
- ±			B L	10	ATTENDING	MEDICAL _ STAI	FF	57112 5157125
Z		22d. PHYSICIAN'S NAME (TIME	200000000000000000000000000000000000000	V		DIRECTOR   PHYSIC		
the ORTA					140	4 Crain H		
MPORTANT:			ROBBINS, M.D.			n Burnie,	Marylar	nd 21061
		BURIAL, CREMATION, REMOVAL SPECIFY)			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	STATE
-	- 1	Burial	May, 19 19820	Glen	laven Mem. F	k. GlenBu	rnie A.	Md.
2/80		INERAL DIRECTOR ) I'M	Charles ADDRESS		25a. DAT	Y 18 1982	25) REGISTIAN 5-1	w lesther
)		Singleton Fu	neral Home Gle	enBur	nie Md. MA	11 10 1905 6	0	

STATE OF MARYLAND

A STATE OF ANILL SERVICE TOURS TO THE TAXABLE TO SERVICE TO SERVIC such minimum transfer to the substitution of a first state of the substitution of the 

Debug 1. Estatet. F.S. Jan Sarnia, Naryl od 210gl

- STATE

REGISTRAR I. DECEASED NAME

13e SIREEI ADDRESS 1607 Sunshine Street 21061 Tul1 Evelyn V. Harrison 1607 Sunshine St. 21061 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 27 DATESIGNED 300 HOSPITAL DRIVE, SUITE 134 GLEN BURNIE, MARYLAND Buria1 5/7/82 Meadowridge Mem. Pk. Elkridge Howard 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRARS DHMH - 16 50M 1/81 (VRA 15, 4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH

IF UNDER I YEAR DAYS

INDUSTRY

12h, KIND OF BUSINESS OR

Insurance Co.

Die Seit He Lebt. M. F. Hert will the on Enthant The control of the reflection that were \$ 18st and the resident Tyles and areal frames of the resi

The state of the s and the second second

		OR				EPARTMEI		MARYLA	ND MENTAL HY	GIENE	2			2	"7	2
10		TATE EGISTRAR			ME		AMINER'S	CERTIF	CATE OF	DEAT	H 😘	REG. NO	).	fice		Es se
		OR PRINT)	E FIRST			WIDDLE		LAST			OF	NOWNXX		DAY	YEAR	26. HOUR
URS LEET,	n cev		E i I	een		E.		Heste			DEATH N	AATED [	5	25	1982	M
	Fe Fe	male	White	5. DATE OF		1920	GE (IN YEARS IF	ONTHS DAYS	HOURS A		DATE ONOUNC DEAD	ED	5	25	1982	7:55
が持力口	In. BIR	THPLACE (S	TATE OR	76. CITIZEI	N OF WH	IAT COUNTRY	8 MA	RRIED IX N	EVER MARRIED	0 0 9 1	BALTIMO	RE CITY O	R COU			
	Ma	rylar		U.S	. A.	- 1.55%		OWED 🗌	DIVORCED			Arur				MD.
995	ID. CITY	OR TOWN	OF DEATH			PITAL, NURSIN	G HOME, OR (	THER INSTIT	UTION		T OF WORKIN		E OF WORK	OR	ND OF BUI	SINESS
Toga		len Bu	rnie				Hospita	1		Cle	rk		,		& P	
25	13a. STA	ATE	13b. CO		TUTION, GIV	13c. CITY OR		13d. INSIDE	CITY LIMITS? 1.	13. STREET 418	ADDRESS	vel		2122 • Ro		
70	14. FAT	HER'S NAME		MIDDLE		LAST			HER'S MAIDEN		MIDE	DEF.	- 1		LAST	
20		arles		D.		Irw		El	izabet	th		0.		Hof	fman	
	I 6a. W.	AS DECEASE, NO, OR UNKNO	DEVER IN U.S.	ARMED FORCE	S?		SECURITY NO.	17. INFOR			1/8/2	ADDRESS				
1	n						4-3603	Pa	ul M.	Hes	ter	(sam	e a		3e)	
		PART I DE	F DEATH (Enter	anly one couse				4	a - a - 1 - 1:					BETV	PPROXIMATE WEEN ONSET	AND DEATH
VAL		011	IMMED	DIATE CAUSE (	-	AS A CONSEG		Trunk	and he	ead						
EMO	7		ns, if any, wh	ich		AS A CONSEG	DENCE OF									
HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.			se to immedi stating the und		TO, OR .	AS A CONSEQ	UENCE OF				111			-		
N.		lying cat	ise last.	( (6												
EWAIN		PART 2 OTHER S	GNIFICANT CONDITION			PUT NOT RELATED T	THE TERMINAL OF	EASE OR CONDITI	DN GIVEN IN PART	1 (0).						
_	5	19g. DATE OF	OPERATION	1196	CONDIT	ION FOR WHI	CH OPERATION	WAS PERFO	RMED?					20.4	AUTOPSY?	
KIAL	IFIC.														YES XX	NO 🗆
-	MEDICAL CERTIFICATION	la EXTERNA	AL CAUSE WAS		TIME OF		210	HOW INJUR	Y OCCURRED	(ENTER NATU	JRE OF INJUR	Y IN ITEM 18 F	PART 1 OR P		I CO MA	
5	ALC	UNDERLYING	NG CAUSE			5 25		driver	in aut	to/au	to im	pact				
	EDK	eld. INJURY	OCCURRED	21e	PLACEC	OF INJURY (A'		LOCATION	111 001	. 0, 00	TV 00 704-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		OUNTY		STATE
5		WHILE AT WORK	NOT WHILE	XX		road	M	SINGLI	Neck BI	l vd. i	near	Tanya	ard (	Cove	Rd.	
919		22a. I certi	fy that I taak ch	arge of the rem	noins desc	ribed abave, h		opsy XX.	Inspection		Inquiry [	-		na. A		411
\$ 2	1	death result		otural couses [	].	Accident XX			nicide .		ined man				I Co.	,Md.
AR			11		0	0 0		TITLE (	(SPECIFY)							
Ř. —		ACTUAL SIGNATURE	Me	ima	1	Jolann		M.D. Ass	istant	MEDICA	LEXAMIN	NER	SIGN		5-25-	-82
AFIER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	nameter-	XAMINER'S TYPE OR PRI	NAME V	rginia	L. [	Dolan,	M.D.	ADDRESS.	11	II Pe	nn St	reet				
A A	23n BU		TION, REMOVA	1 236 DATE	/82		e of Cemeter don Pa	OR CREMA		13d LOCA	TION	PV	co	UNTY	ST.	d.
-			TOR Balt	. M	d. 2	21225		IN OF	25a. DATE RE			REGI	STRAR'S	SIGNAT		u,
	Gon	NAME	H. 400	1 Rit	chie	Hgwy			MAY	27 19	187 2	france	Q.	-//-	124	
)												L				

and by the transfer of the second sec

STATE OF MARYLAND

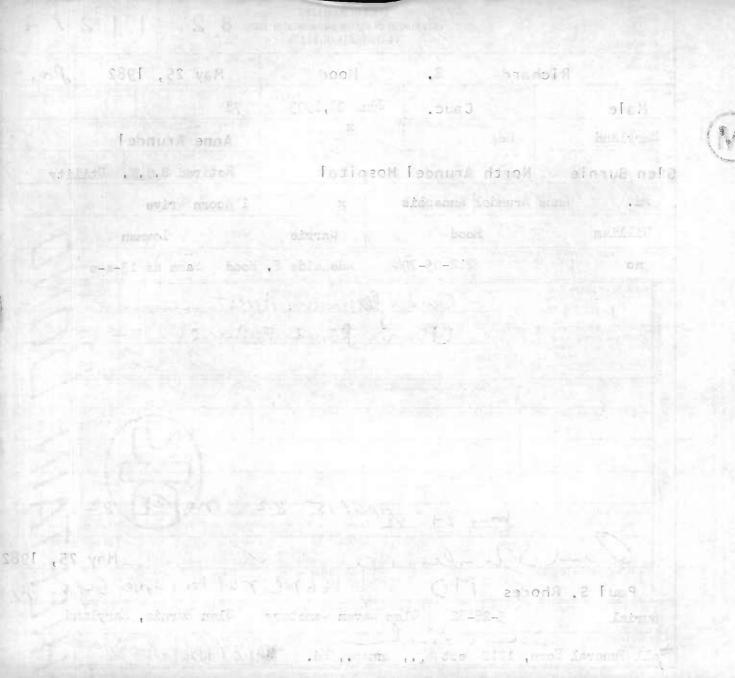
ALL TERMS TO SEE THE TERMS TO A THE TRANSPORT OF 2.2 1.25.7 × 1.25.7 3.2 The state of the s 11. 11.07 11.07 5 7 1913 No the state of th A STATE OF THE PROPERTY OF THE CEDIT I STATE THE THE TOTAL PRODUCTION STORY STORY Electric strope present water surfaced the note and the state of t

		FOR - STATE REGISTRAR				MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8	2 REG. NO.	1 1	2 7	4
age 3	(TYP)		Richa		E.	100	Hood	20 DATE OF D		1982	Pio HOL	JR DA M
after offer	3. SE	Male	4. 6	RACE	auc.	5. DATE O	E 28,1903°	6 AGE (IN YEA	RS LAST BIRTHDAY)		YEAR IF UNDER	MIN.
1)85	Maryland			76. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE			NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH  Anne Arundel MD.				
354	G 1	en Burnie	N	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE SIREE ADDRESS) North Arundel Hos						RKING LIFE)  12b. KIND OF BUSINESS OR INDUSTRY  Utility		
ARY.	13a S	Md.	Anne Arundel Annapais				13d. INSIDE CITY LIMITS?	134 STREET ADDRESS Prive				
exemine 21	14 F/	Will am	WIDI	Ho	od LAST		Carrie Lowman					
the medical		VAS DECEASED EVER I	AS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 212-05-7044 Adelaide F. Hood Same as 13-a-e									
After this certificate has been signed by the offending page of the business transversarial transit permit. Then please remave carbanioth and Mental Hygiene prior to burial, cremation, or remananted or Item 8 shaws any injury, or other traumatic eventuation.	NO	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b)										
	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDITIO	ON FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTOP		IF YES, WERE FI ERTIFYING CAL YES		TH?
	MEDICAL CER	21a. ACCIDENT WAS UNDION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH ALEXAMINER) ED	P.M. 21e PLACE OF (AT HOME STREET	MONTH DA	19	211 LOCATION STREET	2 10	RE OF INJURY IN ITE	M 18 PART I OR PAR		STATE (we) (ast
tate Dept. of He		attending Medical Staff Physician Princetor Physician May 2								ATE SIGNED	-	
should be deto with the State		Paul S.	Rhod	les 1	10		1667 C	rof-	ta (e	nter C	of ten	m
	230. E	BURIAL, CREMATION, F	REMOVAL 2	36. DATE 28-	82 <sup>23</sup> G	len Ha	METERY OF CREMATORY	23d LOCAT	ion nowburni	e, Mary	land	STATE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR THAT IS NOT THE REC'D. BY REGISTRAR 256. REGISTRAR THAT IS NOT THE REC'D. BY REGISTRAR 256. REGIS

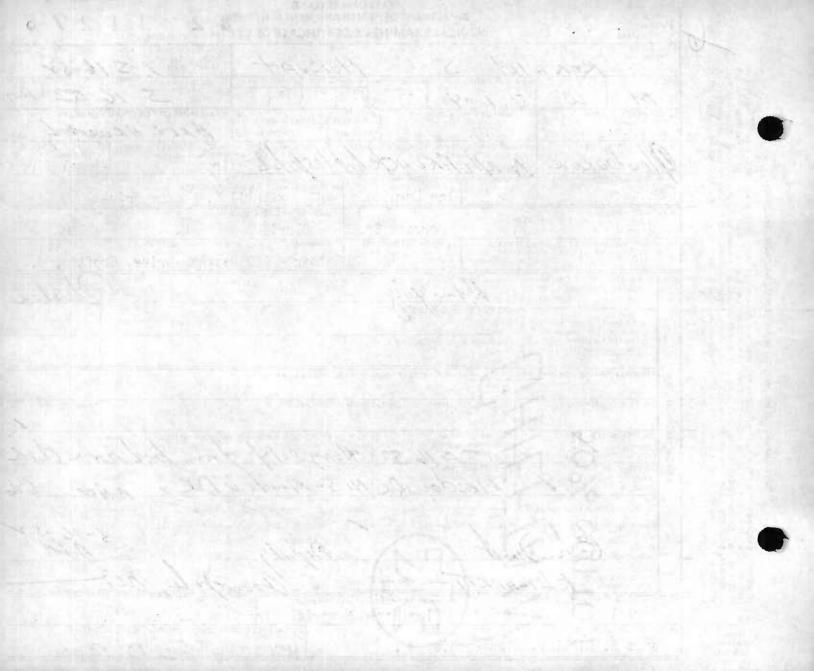
Be all Funeral Home, 1212 West S., Annap., Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN 2b. HOUR TYPE OR PRINT) ESTI-DEATH MATED DAVID HOPK INS 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) MONTHS PRONOUNCED 11:50 DEAD 1982 DM To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Anne Arundel County 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 120 MIND OF BUSINESS OR MOST OF WORKING LIFE) 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION BRICKLAYER Anne Arundel Gen. Hosp. WSTRUCTION Annapolis 138. INSIDE CITY LIMITS? , 130 STREET ADDR Ja. STATEA 13b. COUNTY III FATHLR'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS' (YES, NO ORWINKNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF onditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF H YES X NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR X.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 11: 26M. 5-22-Subject run over by auto. 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CITY OR TOWN STATE road Dubois Rd Annapolis Anne Arundel Md. 220 I certify that I took charge of the remains described above, held on Inspection Autopsy Inquiry and in my opinion Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 5-23-82 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto.. Md. 21201 (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR GREMATORY DHMH-17 (VR A15 ME (5)) 15M 2/80

	1	500				MARYLAND			
1	1-	FOR STATE				AND MENTAL HY	0 /	127	6
1	-	REGISTRAR	MED		IER'S C	CERTIFICATE OF	DEATH REG. NO.		
Y		CEASED NAME FIRST	,	WIDDLE		LAST		ONTH DAY YEAR	2b. HOUR
# % % & F	(,,,	RONI	0/01	5	14	laRUA+	OF ESTI-	5 11.82	
PLE ASE ECTOR. R FILES. HOURS	3. SE		5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	IDER 1 YR. IF UNDER 24		ONTH DAY YEAR	2d, HOUR
F E ST		As I del	MONTH DAY	YEAR LAST BIRTHD	AY) MONTH	III GITTE I	N. PRONOUNCED	1/ 100	Pos
9 0 0 0	100	IRTHPLACE (STATE OR	AUG. 16		RS.		DEAD	16 40	1
日本の		DREIGN COUNTRY)	76. CITIZEN OF WHA	I COUNTRY?	8. MARRII	ED NEVER MARRIED	9. BALTIMORE CITY OR C	DUNTY OF DEATH	,
(TAME)	A	nnapolis.Md.	USA		WIDOW	VED DIVORCED	1 HAVE H	Lover	MD.
の単語を	10.9	OF TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOM	E, OR OTH	ER INSTITUTION 12	. USUAL OCCUPATION (TYPE OF	OR INDUSTR	SINESS
352504	10	IPW DURNIE	Maple.	ARUNC	1e/.	HOSDIA	Tireman	Kimmel T	ire Co
0 7 0 0 T	Zu	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSI	ION)	711-4			116 00
S ASSESSION	He.	Md.	ΔΔ	Glen Burni		13d. INSIDE CITY LIMITS? 13g	STREET ADDRESS 11 S. Meadow Dr		
MD. 2120	-	ATHER'S NAME	141	aten butili	-	YES NX	11 3. Meadow Di	ive	
OF ESS-H	14. 6.	James	R.	LAST		15. MOTHER'S MAIDEN N	MIDDLE	LAST	
ORE, MD. SR DEATH. AGES 1, 2 ORM PM. 1 AMD 2				Horvat,		Gloria	L.	Blew	
MORE, MC	16a. \	WAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT		17. INFORMANT	ADDRESS	211	
BALTIMORE, IRS AFTER DE GIVE PAGES WITH FORM W		(IF YES, GIVE				Father - 902	Eastham Drive,	. Crofton M	d.
, BALTIMO URS AFTER B. GIVE PA WITH FOR		18. CAUSE OF DEATH (Enter an	ly ane cause per line #6	or (a), (b), and (c),					HIERVAL D DEATH
ST 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		PART I DEATH WAS CAUSE	DBY:	Lu Ing				BETWEE ONSET	D DEATH
		952 MMEDIA		S A CONSEQUENCE	OF.			Just	0-11
EST SIT A EST		Canditians, if any, which	DOE TO, OK A.	S A CONSEGUENCE	Or				
WITHIN WITHIN WITHIN WITHIN WITHIN WITHIN WITHINGER AND WITHIN WI		gave rise to immediate							
≥ 0 m ≤ 2 m s		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS	S A CONSEQUENCE	OF				
			(c)						
DS, PBL	-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE	OR CONDITION GIVEN IN PART 1	a).		
VITAL RECORDS, 30 SHOULD BE EXECUTORD "PENDING" IN E CHIEF MEDICAL E BE USED AS BURIL RICHEATH AND IN RIAL, CREMATION, O	S								
ALREA HOULD PEN HIEF A USED L. CREAL, CREA	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196 CONDITIC	N FOR WHICH OPER	ATION W	AS PERFORMED?		20. AUTOPSY?	
ITALR SHOUL CHIEF OF HI OF HI	®E		Mark States					YES 🗆	NO
VISION OF VITA CERTIFICATE SHO ING THE WORD FED TO THE CH 3 SHOULD BE UI DEPARTMENT OF RIONTO BURIAL.	FR	21a EXTERNAL CAUSE WAS	21b. TIME OF IN	NJURY	121c. HO	OW INJURY OCCURRED II	NTER NATURE OF INJURY IN ITEM 18 PART		14027
N OF THE V THE V OBLID	1 2	UNDERLYING OR		MONTH DAY YEAR	-	/ 1 1 /	1 /	1	10
VISION VISION VISION THE	Š	CONTRIBUTING CAUSE OF	DEATH P.M.	INJURY (AT HOME	21f. LOC	ung. Je/y.	7 rom Del	MHMC (	0000
DIVISION OF CERTIFICATE STRING THE WAS DED TO THE BEST SHOULD E DEPARTMENT PRIORICE BUSINESS OF THE BUSINESS OF TH	ME	WHILE NOT WHILE	STREET, FACTOR	Y, FARAV. ETC.)	SI SI	TREET	CITY OF YOUNG	COUNTY	STATE
DIVISIO E. THIS CERTIF FE, WRITING T FRWARDED TO F PAGE 3 SHG STATE DEPAR		AT WORK AT WORK	Fles	Coulk	1//	J-1/20010	well.	A A CO	576
HER: T FORV DR: P. P. F HE ST D, 213		22s. I certify that I taak charg	e of the remains descri	hed abave held an	Autaps	sy , Inspection	Inquire and in	my apinian	
A S S S S S S S S S S S S S S S S S S S	100							ny apinion	
AAA ALA KEC		Dediti resolved india	di couses . A	ccident L., Su	icide		Indetermined manner,	1-16-	82
AAR VAR		ACTUAL CO	) #			TITUE (SPECIFY)		DATE NA	1
SHO SHO WELL		SIGNATURE OF	nuce		M.	o. Cepury	MEDICAL EXAMINER	SIGNED A FIELD	
MAN MAN		EXAMINER'S NAME	· and	<del></del>		110	1.1. 2	18	
S E C. C. E. C. C. C. E. C. C. C. E. C. C. C. C. E. C.	admit .	(TYPE OR PRINT)	IMARKUI			ADDRESS	wife les, 10	4	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNEAU DIRECTOR: AFTER DEATH, WITH THE 8 BATTIMORE, MARYLAND, 2	23a. B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF CE			Bd. LOCATION CITY OR TOWN	COUNTY STA	TE
BP			19 May 82	Glen Hav	ven M	emorial Park	Glen Burnie,	AA Mo	d.
DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS			25a. DATE REC	D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE	
(VR A15 ME (5)) 15M 7/77	Ü	lames S. Kirkley	, Glen Bur	nie, Md.		BRAV 1	7 1002 38.	1 0/1-1	
19/4(7777						1724	The Country of the Co	and the	



1 3	1	OR .			DEPARTMENT OF	HEALTH /	AND MENTAL HY	(GIENE)	1 1	0	9 9
1		EGISTRAR		ME	DICAL EXAMIN	IER'S CE	ERTIFICATE OF	DEATH -	EG. NO.	la	/ /
		EASED NAME	FIRST		MIDDLE	LA	AST	2a. DATE KNO OF EST		DAY Y	YEAR Zb. HOUR
	(TYPE	OR PRINT)	Mary		Ann	Hue	ghes	OF EST	ED &	11 .00	7
3. 5	SEX	4. R	ACE 5	DATE OF BIRTH	6. AGE (IN YE	ARS IF UND	ER 1 YR. IF UNDER 2		HTMOM	DAY 1	YEAR 2d, HOUR
F	'eı	nale W	hite .	Jan. 18,	YEAR LAST BIRTHD	AY) MONTHS	DAYS HOURS	MIN PRONOUNCED DEAD	_	11 1	FIP
71	BIR	THPLACE (STATE		b. CITIZEN OF WI	HAT COUNTRY?		-X		CITY OR COUN	TY OF DEAT	_ N
	FOR	Maryla.	nd	U.S	. Δ .	WIDOWEL	NEVER MARRIE				
10.	CIT	Y OR TOWN OF I		II. NAME OF HOS	PITAL, NURSING HOM			120. USUAL OCCUPATIO	N (TYPE OF WORK	112b. KIND C	OF BUSINESS
1	2/	en Box.	wie	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	Nos	1 1	FOR MOST OF WORKING L	IFE)	OR IND	DUSTRY
	UA	RESIDENCE (IF IN	NURSING HOME OR C	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISS	ION)		Housew	TIE	Own :	Home
	ST M =	ryland	13b. COUNTY	Arunde.	Millers	13	3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		-	
		HER'S NAME	Taime	ar unde			5. MOTHER'S MAIDEN	8151 Fo	xwell	Rd.	
		Thomas	A	WIDDLE	O'Brien		Mary	MIDDLE		CATA	
160	. W	AS DECEASED EV	ER IN U.S. ARMF	D FORCES?	16b. SOCIAL SECURIT		7 10 15 00 00 11 10	2 - \ AD	TO THE CO.	Sturg	
	(YE	NO. OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	216/14/4		(H	uspana)	Sai	me as	# 13
	7					010	Mr. Wi	lliam B.	lugnes	The second second	MATE INTERVAL
		PART I DEATH	WAS CAUSED B	SY: ( )	for (o), (b), and (c).)	71	11	*			ONSET AND DEATH
		11/1/6	IMMEDIATE (		AS A CONSEQUENCE	OF	7 cerse	-		-	men
			any, which	1 502 10, 011	AS A CONSEQUENCE	0				1	
			o immediate	(b)	AS A CONSEQUENCE	05					
		lying couse lo		DOE TO, OK	AS A CONSEQUENCE	OF					
	-	PART 2 OTHER CIGNIEU	ANT CONDITIONS CON	(c)	BUT NOT RELATED TO THE TERM	WILL AND LINE					
2		THE E STREET STORY	ANT CONDITIONS CON	TAIBUTHO TO UCATH	PUT NOT KEENTED TO THE TERM	INAL DISEASE U	K CUNUITION GIVEN IN PART	1 (0).			
ATIO		190. DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS	S PERFORMED?			20 AUTO	DCV2
IFIC	2										
MEDICAL CERTIFICATION	2	210 EXTERNAL CA	USE WAS	21b TIME OF		71c HOV	V INJURY OCCURRED	(ENTER NATURE OF INJURY IN	ITEM 18 PART 1 CO D	YES	U NO ☑
AI C	1	UNDERLYING CONTRIBUTING	OR CAUSE OF DE		MONTH DAY YEAR		- The Country	,		2/	
DIC	3	21d. INJURY OCCU			FINJURY (AT HOME,	21f. LOCA	ATION				
AAE		WHILE NO	OT WHILE		ORY, FARM, ETC.)	STRE		CITY OR TOWN	cc	DUNTY	STATE
	1	AT WORK AT	WORK								
		22a. I certify the		-	cribed obove, held on	Autopsy	, Inspection	Inquiry ,	ond in my a	pinion	
		death resulted fr	am: Noturol	causes ,	Accident, Su	icide 🔲 "	Homicide	Undetermined monner	<u>.</u>		
		ACTUAL /	1	.4.3	^		TITLE (SPECIFY)				
		SIGNATURE,	Juh.	reat n	, ("	M.D.	Depota	_MEDICAL EXAMINER	DATE	ED 5-11	-82
		XAMINER'S NAM	IE CI				0	. /.			
		TYPE OR PRINT)	6,6	NHAR,	01		DDRESS_ Un	ungo 115-	MJ.		
23a	BU (SP	RIAL, CREMATION	1		23c. NAME OF CEA			73d COCATION CITY OR TOWN	cou	INTY	STATE
2.0	E):	Buri	al 1	5 May 8	32 Glen Ha	aven i	Mem.Park	Glen Bu	cnie, I	A.A.,	MD.
24.		VERAL DIRECTOR	W KY	Meson	Clen				REGISTRAR'S	SIGNATURE	1.
		Singlet	on Fun	eral Ho	ome Mary	land	MAY	131982 7	saces VS	m/20	A

STATE OF MARYLAND

Western 4.4.00 you bearing result, marked they be to in Colonery andry bosons DIC TOWNER 200 The second 114 18 24 Thin Ville Miller

MD.

- STATE

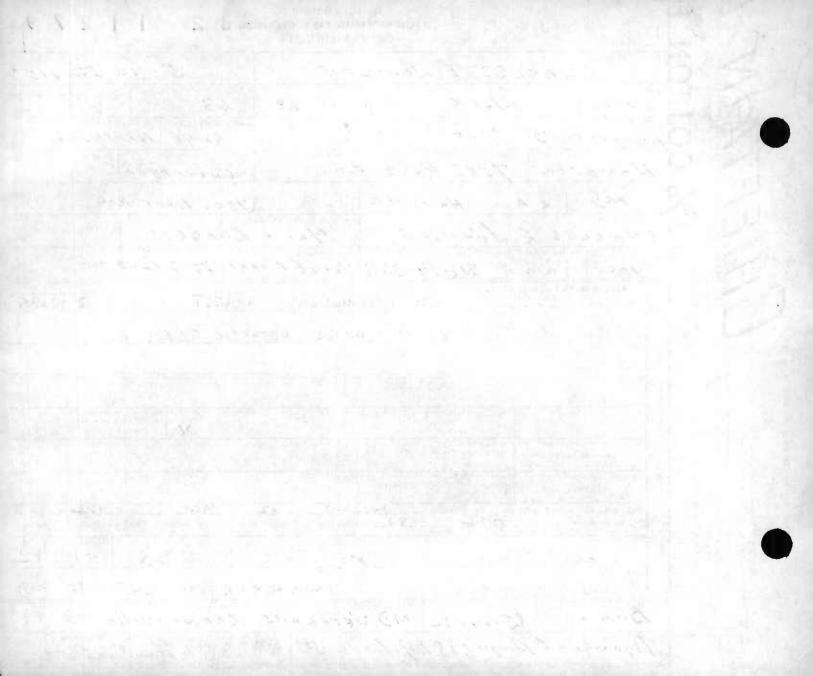
DHMH - 16 50M 1/81 (VRA 15, 4)

Singleton Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NY 18 892 Frances Jan Martin

STATE OF MARYLAND



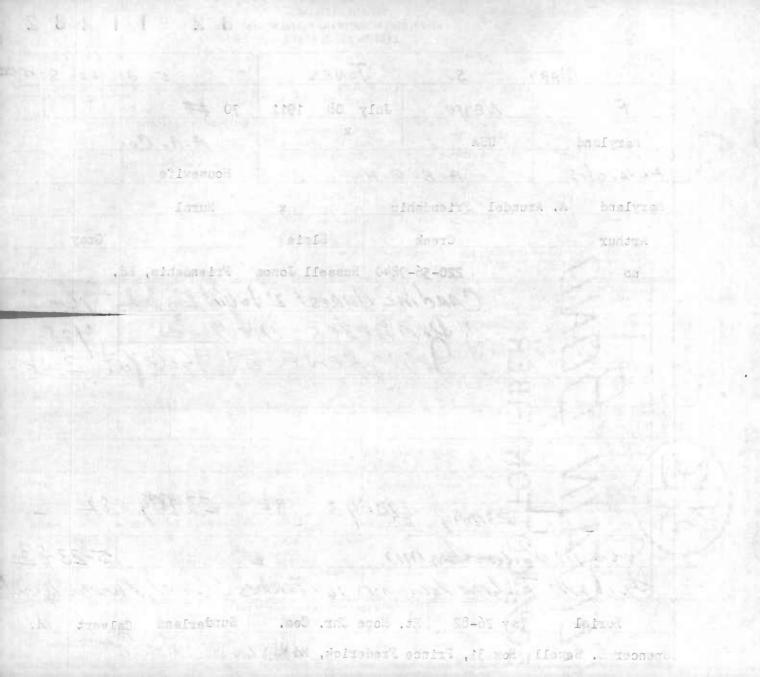
10	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH A CERTIFICATE		REG. NO.	11280
noy be		CEASED NAME RIFEST	WIDDLE	John	2000	20. DATE OF DEATH MONT	H DAY YEAR 26. HOUR - 6-82-6:05 PM
4 mo)	3. SE	X	I. RACE	S. DATE OF BIRTH	YEAR	6. AGE LATYEARS LAST BIRTHDAY	
a Boo	o. B		NEGRO  b. CITIZEN OF WHAT COUNTRY	1	1904	9 BALTIMORE CITY OR CO	YRS DUNTY OF DEATH
40 A		RYLAND	U.S.A.	WIDOWED DO	VER MARRIED DIVORCED	ANUE ARU	MD. MO
	A	NN	NAME OF HOSPITAL, NURSI	ADDRESS)	INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	IXING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
ly filled house be recommon to	13a. S	ALRESIDEN EUROPE STATE RYLAND	13c. CITY OR TOV	VN 13d. INSI	DE CITY LIMITS?	130 STREET ADDRESS	Ctroot
mpletely ond 2 sho	_	ATHER'S NAME	IDDIE LAST SMOTHI	15 MOT	HER'S MAIDEN NA FIRST FLOREN C	WE	BURNTE
Poges 1		VAS DECEASED EVER IN U.S. ARM YES, NOOR HIKNOWN)   I IF YES, GIVE		URITY NO. 17 INFO	DRMANT	ADDRESS	Annapolis, Md.
physician n popers. moval.		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), o	nd (c).)	FAIL		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
attending ove corbo stion, or re roumotic e		1809 Conditions, if ony, which	DUE TO OR AS A CONSEQU	ENCE OF		AL CARCIA	rong.
ed by the attendin lease remove corb rial, cremation, or or ather troumotic		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU				
Then property, injury,	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a)
nsit permit.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PI	ERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \)
s certificate hos burial-transit per Mental Hygiene in Item 18 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN 11	EM 1B PART I OR PART 2)
After this co	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	21f. LOC	STREET	CITY OR TOWN	COUNTY STATE
TOR: Aft		220.1 certify that (1) (this hospital sow the deceased alive an _	MAY 6 19	1-00	(my) (our) opinion	deoth occurred on the date ar	nd haur and from the causes stated
FUNERAL DIRECTOR: Jud be detoched for us the State Dept. of		above, (1) (we) (did) (did nat) Yh. SKGNATURE	view the body offer death	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR   PHYSICIAN	22c. DATE SIGNED
TO FUNERAL IS should be deto with the State IMPORTANT: If		22d PHYSICIAN'S HAME WOR	Subel, MI	22e ADI			unapolis, Md. 2140
P	23a I	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		NAME OF CEMETERY		23d LOCATION CITY OF TOWN The Laurel	COUNTY STATE
14.20M.2/90	24. FI	JNERAL DIRECTOR		olis. Md.	25a. DA1	AY 10 1982	GGISTRAE S SIGNATURE

STATE OF MARYLAND

B J I I S & was a constant of the second The state parties and a supplied that it is not as a supplied to Control of Longitz States and Concept of the Total Control of the Control of the

mp. Lobaum Property Commended and Commended ENVE THE TO THE PARTY X STREET A A A STREET 1 SIA BOUR SOME PROPERTY DECEMBER TOWN CONT. Hereby Wennesday Jap Jahn 4900 The second way to the second of the second of the second of Will engagnet I selve were's 188 Stering has been the to Com A.A. Elegenna Travellet see Mysill laineast the state of the little and the state of the state of the state of

		FOR - STATE REGISTRAR	DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	. NO.	1	2	8 2
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH		DAY		26 HOUR
		MAR			JONES	4		23	82	8:1
	3. SE	F	Negro	5. DATE MON Jul		6. AGE (IN YEARS LAST	BIRTHDAY)  YRS.	MONTHS	DAYS	HOURS M
135		RTHPLACE ISTATE OR FOREIGN COUNTRY!	76 CITIZEN OF WHAT COU	MARRI WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY	A.	TY OF DE	ATH	
1	r	WNA PO / S	11. NAME OF HOSPITAL, N	E STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUP. (TYPE OF WORK FOR MO HOUSEW	ST OF WORKING	LIFE) INC	KIND OF	BUSINESS
RE	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 13c. CITY O	CE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRES	SS			
20 ZI	14 F/	ATHER'S NAME FIRST  Arthur	MIDDLE LA	ast ek	15. MOTHER'S MAIDEN N FIRST Elsie	AME MIDDLE	5		Grav	
medicol	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	56-9840	Russell Jone		DRESS	W.a		
er troumotic event, t			only one couse per lage for (o), SED BY: IATE CAUSE (o)  DUE TO, OR AS A CON  (b)	SEQUENCE DE	etes 1.	TO 041. E	m bo	lus	4	25.
ony injury, o	CATION	underlying couse lost.	T CONDITIONS <u>CONTRIBUTION</u>			OT MINAL DISEASE OR CO	20b. IF Y	ES, WERE	PART 11a	GS USED
ony injury, or	CAL CERTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION  196 CONDITION FOR V  216. TIME OF INJURY HOUR A.M. MONT	WHICH OPERATION	DN WAS PERFORMED	20a AUTOPSY?	20b. IF Y IN CERT	ES, WERE TIFYING ( YES [	E FINDIN CAUSES (	
or Hem 18 shows ony injury, or	MEDICAL CERTIFICATION	UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (1F EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED CAUSE OF COURS OF COURSE OF COURS	T CONDITIONS CONTRIBUTION  196 CONDITION FOR V  216, TIME OF INJURY HOUR A.M. MONT P.M.  21e PLACE OF INJURY JAI HOME STREET, FACTORY.	WHICH OPERATION  H DAY YEAR  19  OFFICE FARM, ETC.)	DN WAS PERFORMED	20a AUTOPSY?	20b. IF Y IN CERT	ES, WERE FIFYING ( YES T B PART I OR	E FINDIN CAUSES (	GS USED OF DEATH?
E Dept. of Heolih and Mental Hygiene prior to burior if Item 21 is marked or Item 18 shows any injury, or		Underlying couse lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF	T CONDITIONS CONTRIBUTION  196 CONDITION FOR V  216 TIME OF INJURY HOUR A.M. MONT PART PLACE OF INJURY 1 AT HOME STREET, FACTORY.	WHICH OPERATION  H DAY YEAR  19  OFFICE FARM, ETC.)	211 LOCATION 211 LOCATION STREET  DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OF III  CITY OF III  death occurred on the	20b. IF Y IN CERT NJURY IN ITEM IS	ES, WERE TIFYING ( YES	E FINDING CAUSES (	GS USED DF DEATH? NO STATE
Item 21 is morked or Item 18 shows ony injury, or	MEDICAL	Underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMILE AT WORK AT WORK AT WORK AT WORK OS WHEELE OBOVE, (1) (Control (did)) (did)  276 SIGNATURE	T CONDITIONS CONTRIBUTION  196 CONDITION FOR V  196 CONDITION FOR V  216, TIME OF INJURY HOUR A.M. MONT P.M.  21e PLACE OF INJURY 1AT HOME STREET, FACTORY.  1 of tended the deceosed on the condition of the cond	WHICH OPERATION  THE DAY YEAR  19  OFFICE FARM, ETC.)  From  19  MD,  200, MD  236, NAME OF 6	211 LOCATION STREET  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RRED (ENTER NATURE OF III  CITY OF 10 23  I deoth occurred on the	20b. IF Y IN CERT	ES, WERE TIFYING ( YES	E FINDING CAUSES (CAUSES (CAUS	GS USED DF DEATH? NO STATE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comp should be detached for use as the build-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

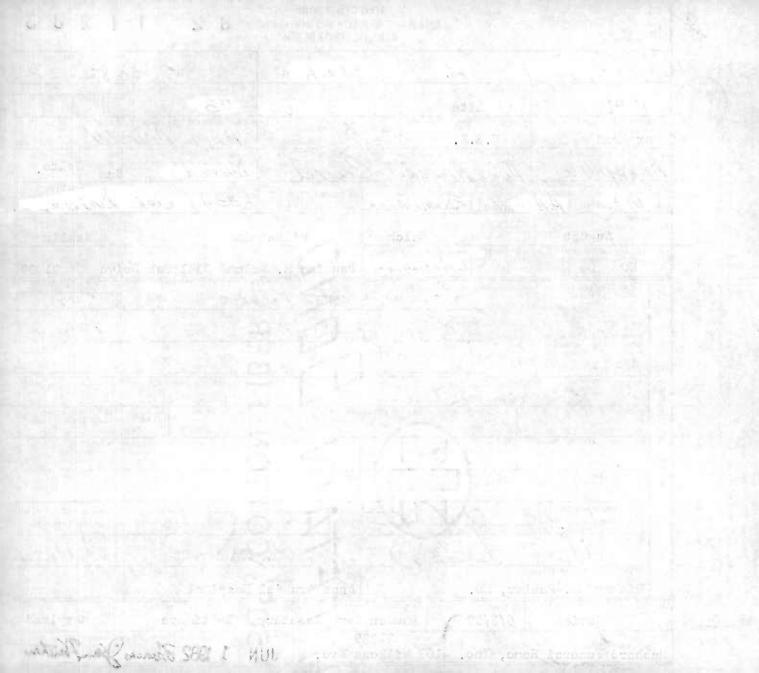
etained by the haspital ar attending physician

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	1	1	2	8	
CERTIFICATE OF DEATH		250 110					

	REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.	\$ box	S. ne
	ECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	b HOUR
	EP.NES.	r H.		KELCH		5 30	82	12 F
1 SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) IF		IF UNDER 24
	Male	White	мортн	2 08	73	YRS.	NINS DATS	HOURS
7a B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR'	Y? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	F DEATH,	ELL
M	aryland	U.S.A.	WIDOWE		HNNE	Arundo	del	
10. 9	1	11. NAME OF HOSPITAL, NURS		R OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b KIND OF	BUSINESS
H	NAAPOLIS	HUNE H REWS	ed C	averal	(TYPE OF WORK FOR MOST Printer	OF WORKING LIFE)	Sun	lto.
13a 3	AL RESIDENCE (IF NURSING HOME OF STATE 136, GOLIN	TY 13 CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		2	21037
		Arundel Edgewa	ter	YES NO K	3341 Oak I	Drive 1	Edgewat	er,
14 FA	ATHER'S NAME FIRST	AIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		1241	ALC: N
	August		1ch	Wilhel	mina		Rau	lin
16a V	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SEG	CURITY NO.	17. INFORMANT	ADDR	ESS	H. C.	
	YES NO OR UNKNOWN) (IF YES, GIVE	214-01-	4145	Pauline M. K	e1ch 3341	Oak Dri	ive	210
	18 CAUSE OF DEATH (Enter anl	v ane cause per line factor this	and (c)	1 1	*		APPROXIM. BETWEEN OF	ATE INTERVA
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	DUENCE OF					/ Cu V
ATION	cause Ia), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT COLUMN CULT (C. 1971)	ONDITIONS CONTRIBUTING TO Yenal factur	O DEATH BUT					C. LIEED
TIFICATION	cause Ia), stating the underlying cause last.	ONDITIONS CONTRIBUTING TO	O DEATH BUT		INAL DISEASE OR CON  200 AUTOPSY?  YES \( \) NO \( \)	20b. IF YES, V	VERE FINDING	GS USED DF DEATH'
CAL CERTIFICATION	cause Ia), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT COLUMN CULT (C. 1971)	ONDITIONS CONTRIBUTING TO  YEND FEELLY  196 CONDITION FOR WHICE  216. TIME OF INJURY	O DEATH BUT		20a AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFYIN YES [	VERE FINDING NG CAUSES O	F DEATH
	COUSE ID.), storing the underlying couse last.  PART 2 OTHER SIGNIFICANT COURT & IDEA COURT & ID	ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTION TO THE CONTRIBUTION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21c. PLACE OF INJURY	O DEATH BUT  C ,  CH OPERATION  DAY YEAR  19	N WAS PERFORMED	20a AUTOPSY?  YES NO	70b. IF YES, V IN CERTIFYIN YES [ JRY IN ITEM 18. PART	VERE FINDING NG CAUSES O	F DEATH
MEDICAL CERTIFICATION	COUSE ID.), storing the underlying couse last.  PART 2 OTHER SIGNIFICANT COURT OF COMPART OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF CHARMEN NOTIFY MEDICAL EXAMINER)	ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTING TO  VENAL FEELULY  196 CONDITION FOR WHICH  196 CONDITION FOR WHICH  198 TIME OF INJURY  HOUR A.M. MONTH  P.M.	O DEATH BUT  C ,  CH OPERATION  DAY YEAR  19	216. HOW INJURY OCCURS	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE)	70b. IF YES, V IN CERTIFYIN YES [ JRY IN ITEM 18. PART	VERE FIND IN ( NG CAUSES C ( 1 OR PART 2)	NO [
	COUSE ID.), storing the underlying couse last.  PART 2 OTHER SIGNIFICANT COURT & IDEA COURT & ID	ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICE  19b CONDITION FOR WHICE  19b CONDITION FOR WHICE  19b CONTRIBUTION  19b CONTRIBUTION	DAY YEAR 19 E. FARM ETC)	216. HOW INJURY OCCURE  216. HOW INJURY OCCURE  216. LOCATION STREET  19 76 d that in (my) (our) opinion of the company of the	YES NO	70b. IF YES, V IN CERTIFYIN YES  URY IN ITEM 18. PART  DWN  19  dote and haur a	WERE FIND INC NG CAUSES C 1 OR PART 2)	STA
	COUSE (a), stoting the underlying couse last.  PART 2 OTHER SIGNIFICANT COURT (B)  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  216. IN JURY COCCURRED  A WOOD  226.1 certify thy 1 (1) (this hospital court of the court	ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICE  19b CONDITION FOR WHICE  19b CONDITION FOR WHICE  19b CONTRIBUTION  19c CONTRIBUTION	DAY YEAR 19 E. FARM ETC)	216. HOW INJURY OCCURE  216. HOW INJURY OCCURE  216. LOCATION STREET  4 that in (my) (our) opinion of the company of the compa	200 AUTOPSY?  YES NO SED (ENTER NATURE OF INJURE)  CITY OR 10  4 to 3  death accurred an the death accurred an the death accurred and the	70b. IF YES, V IN CERTIFYIN YES  URY IN ITEM 18. PART  DWN  19  dote and haur a	VERE FINDING NG CAUSES C ONTY  COUNTY  the dram the co	STA
	COUSE ID.), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY (IP.)  210. ACCIDENT WAS UNDERLYING CAUSE OF DEAT (IP. EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY COURRED  A WOOD  220.1 certify the (I) (this hospital examiner)  220.1 certify the county of the count	ONDITIONS CONTRIBUTING TO  PENAL FACTORY  196 CONDITION FOR WHICE  216. TIME OF INJURY HOUR A.M. MONTH P.M.  216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  19. OPENINT)  PRINT)	DAY YEAR 19 E. FARM ETC)	216. HOW INJURY OCCURE  216. HOW INJURY OCCURE  216. LOCATION STREET  19 76 d that in (my) (our) opinion of the company of the	YES NO	70b. IF YES, V IN CERTIFYIN YES  URY IN ITEM 18. PART  DWN  19  dote and haur a	VERE FINDING NG CAUSES C ONTY  COUNTY  the dram the co	STA
WEDICAL MEDICAL	COUSE ID.), storing the underlying cause last.  PART 2 OTHER SIGNIFICANT C  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OF CURRED  AT WORLD  22d. 1 certify that (1) (this hospital examiner)	ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTING TO  PART FACTORY  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICIAL  all) ottended the Accessed from 19  Iver the Rody Uniter death.	DAY YEAR 19 E. FARM ETC)	216. HOW INJURY OCCURE  216. HOW INJURY OCCURE  216. LOCATION STREET  19 26 d that in (my) (our) opinion of the physician of	Z00 AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFYIN YES  DRY IN ITEM 18. PART  DWN  19  Jote and haur a	COUNTY  COUNTY  COUNTY  COUNTY	STA STATE OF THE S
WEDICAL 230 E	COUSE ID.), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COURT (IP.)  210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEAT (IP. EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY COURTED  A WOOD  22d. 1 certify that (I) (this hospital incomplete of the concountry of the court of the cour	ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTION TO THE  19b CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)  ONDITIONS  19PRINTI  1er, MD.  23b DATE  23c	DAY YEAR  19  E. FARM. ETC.)  NAME OF CL	21t. HOW INJURY OCCURE  21t. LOCATION STREET  21t. LOCATION STREET  19 6 4 that in (my) (our) opinion of the physician of the	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE)  TO STATEMENT OF THE CONTROL OF	20b. IF YES, V IN CERTIFYIN YES  DRY IN ITEM 18. PART  DWN  19  Jote and haur a	COUNTY  COUNTY  COUNTY  COUNTY	STA
WEDICAL MEDICAL	COUSE ID.), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COURT (IP.)  210. ACCIDENT WAS UNDERLYING CORRECTION  210. ACCIDENT WAS UNDERLYING CORR	ONDITIONS CONTRIBUTING TO  ONDITIONS CONTRIBUTING TO  OTHER STATEMENT OF INJURY HOUR A.M. MONTH P.M.  216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)  OTHER HOUR DETER DEATH.  19.  (PRINT)  10.  1236. DATE	DAY YEAR  19  E. FARM. ETC.)  NAME OF CL	216. HOW INJURY OCCURE  216. HOW INJURY OCCURE  216. LOCATION STREET  216. A 19 7 6 d that in (my) (our) opinion of the company of the compan	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE)  TO STATEMENT OF THE CONTROL OF	20b. IF YES, V IN CERTIFYIN YES  JRY IN ITEM 18. PART  DWN  19  dote and haur a	COUNTY MATE	STANDER OF THE PROPERTY OF T



6	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 CERTIFICATE OF DEATH	1284
e (A)	(TYPE	CEASED NAME FIRST A NN	A Brooke Kelly 20. DATE OF DEATH MONTH DA	982 7:30Pm
Poge 4 mo	3. SE.	Female	CAUCASIAN MAY 25, 1898 83 YRS.	UNDER I YEAR IF UNDER 24 HRS
death. Po	L.	Mary AND	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED W NEVER MARRIED ANNE ANNE ANNO	el MD.
by the filed with	AN	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  LOUGON: LANE  NONE  NONE	12'b. KIND OF BUSINESS OR INDUSTRY
LAND 212	130.5	lary land Prin	ce Deorge Mariboro YES NOW 16109 MAR	Iboro Pike
MARY ted with ted wit		WILLIAM G	MIDOLE GE Brooke PUNA MARIE	Hi 11
IMORI e exec Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ST9-18-7778 Anna K. Helmly 7 Loudon Lane	annapoles mo
ST g phr oon p		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c).) DBY: TE CAUSE (a) HEART FOILYRY	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH  I MONTH
PRESTON ne death ce emove carb motion, ar r		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF  (b) ARTERIOSCLEROFIC HEAPT DISKASE	240045
201 W. P es that the please ren orial, crem		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF  (c)  PULMONARY EMPHYSOMA	10 YEARS
RDS.	TION	PART 2. OTHER SIGNIFICANT (  F. A.  190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  ACTURE LEPT HP  1196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, YES, YES, YES, YES, YES, YES, YES,	VERE FINDINGS USED
	CERTIFICATION	3/25/82	FRACTURES LEFT HIP YES NOW YES	NG CAUSES OF DEATH?
NG PHYSICIAN: The offending physician there this certificate has the burici-transit proof when as the buricity or the ond Mental Hygier orked or tem 18 show	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY YEAR	( ORPARI 2)
DIVISION C or attending ar attenting cet After this cet is as the buric olth and Men morked ar the	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  AT HOME  STREET  (RS4LBND''  CITY OR TOWN  CITY OR TOWN	0.1
ATTEN ospital ECTOR: d for us it. of He m 21 is			ital) attended the deceased from Tuby, 19 69, to May 7, 19 69, to May 7, 19 81, and that in (my) (aw) apinion death accurred on the date and hour contribution of the date and h	, mor (i) (wo) lost
F 0 -		D Bree 1	Lelwey HD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	8 May 8 L
TO HOSPITAL etained by the TO FUNERAL should be detained by with the State with the MapoRTANE.	26	RBRUCE	HELMLY 537 PITCHIE HWY SEVE	END PORK Md
000 BP	F	BURIAL, CREMATION, REMOVAL SPECIFY)  JUNEAL DIRECTOR	May 11,1982 Mt. Carmel 236. DATE REC'D' BY REGISTRAR 236 AREDISTRA	PG STATE
DHMH-16 30M 2/80 (VRA 15, 4)	7	ohn M. Tayl	or & Sons Honapolis my MAY 1 2 1982 Think	TO TO THE PARTY OF

Donaldson Funeral Home L urel, Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

included in the second of the autorolis a le le contra l'all'h probles Avanue entities (danker): 207 M 9555 | Lagran M. Jelfy 9950 Loverschillegon Brice 0-- (3 constant in the second of the

+0/	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2	1 1 2 8 6 E.D.T.
# # p		CEASED NAME FIRST E OR PRINT) THEODOR	MIDDLE	KESS	MAY 11.	ONTH DAY YEAR 26 HOUR
ge 4 may sctor. pag s after de	3 SE		1 RACE NEGRO	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
RARA		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR ANNE ARUNDI	COUNTY OF DEATH
W/31		EN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL HO	NG HOME OR OTHER INSTITUTION ADDRESS) OSPITAL	12a USUAL OCCUPATIO	
filled in nould be		AL RESIDENCE (IF NURSING HOME O STATE 136 COU		E ADMISSION)  VN  VS S  VES NO   VES NO	13e STREET ADDRESS	BAUG
and 2 sh	14 F/	COLUMBUS		15. MOTHER'S MAIDEN NA	A ANN MIDDLE	CHARD'S
on and co		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES 160 SOCIAL SECU		addres ab G Kbss	225-114AV
hat the death certificate by the ottending physicis ose remove corbonapper b), cremation, or remaval.			DUE TO, OR AS A CONSEQU	ence of sclenosis	22	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  YE 4772
law requires to been signed strait. Then ple prior to buring sony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDI	ITION GIVEN IN PART I to 2006. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
NN: The hysician. icote hos ronsit pe Hygiene 18 shows	CERTIF	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCUR	YES NO PARTURE OF INJURY	YES NO
ING PHYSICIAI r offending ph after this certifi as the buriel-tr (th and Mentol norked or them 1	MEDICAL	OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MÉDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		21f LOCATION	CITY OR TOW	N COUNTY STATE
ATTENDI aspitol or ECTOR: A d far use it, of Heali m 21 is ma		sow the deceased alive or above, (I) (we) (did) (did no	ortal) ottended the deceosed from		death occurred on the date	19 that (I) (we lost e and hour and from the couses stated
O HOSPITAL OR etained by the hit TO FUNERAL DIRI		22d. PHYSICIAN'S NAME (TYPE ( RAYMOND G. HI	OR PRINT) ERZINGER, M.D.	ATTENDING PHYSICIAN [ 27e ADDRESS 100  ANNAPOLIS, M	MEDICAL STAFF FORECTOR   PHYSICIA RIDGELY AVEN MARYLAND 2140	NUE 15//12
BP	230	BUDAL, CREMATION, REMOVAL	5-15-82 1		23d LOCATION OYOR JOWN D	GALLAND STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	Wheral Director	Klanger L 3 FOREZ	9./mon 54 250. DAI	Y 13 1982	HEGISTHAR SSIGNATURE

O & STATE OF THE PARTY OF THE P the Maria Carlo Karlon & The Thirty and S many the transfer of the same that the same that the The was a registrated the think of the way of the

Hongpolis, M

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/B1 (VRA 15.4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

NO [

STATE

Made White of ye so lose ASJULIAN AV and a sometimes of the end of the Ett stin (the 2) correque servire servire THE STATE OF ASTRONOM STATE OF THE SECOND STATE OF THE SECO MENDERAL STREET PETER SERVICE STREET Land of A stoven was Dangata Vander and Partitional to I was to

		FOR STATE REGISTRAR		MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	GIENE 8 2	10.		2 8	3 8
poge 3		CEASED NAME FIRST OR PRINT) FRIED	A ALVERDA		LEMM	2a. DATE OF DEATH	монтн	23,19	20	HOUR 9:30 A
5	3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER I		UNDER 24 HRS
		FEMALE	WHITE	MONTH //		8	6 YRS	MON1HS E	DAYS H	DURS MIN.
33		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	DIVORCED	ANNE ARUNI			Н	M
54		TY OR TOWN OF DEATH EN BURNIE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL I	ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)			TRY	SINESS OR
ts/F	13a S	MD. AND	OTHER INSTITUTION, GIVE RESIDENCE BEFOR  ITY 136. CITY OR TOWN  VE ARUNNET GIEN I  MODIE 1AST	N .	13d INSIDE CITY LIMITS? YES NO D  15. MOTHER'S MAIDEN NA	130. STREET ADDRESS		PAD		
See	lAn V	LORENZA VAS DECEASED EVER IN Ú.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO.	MARY 17 INFORMANT	ADDR	FSS	UN	KNO	WW
medic			217-32-	8320.	FRANK SI	AVIN	ABO	OVE	2	
on, or removol.		PART I. DE ATH WAS CAUSEI IMMEDIAT	ly one cause per line far (a1, thin on D BY: E CAUSE (o)	dioni	tuday A	rest.		BETV	PROXIMAT VEEN ONS	E INTERVAL T AND DEATH
burial, cremotion, ry, ar other traum		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE	EYICE OF	d Failure NOT RELATED TO THE TERM	, INAL DISEASE OR CON	ADITION G	GIVEN IN PAI	RT 1(a)	
shows any inju	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FI	USES OF	USED DEATH?
r Item 18 sho		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	B PART I OR PAR	RT 2)	
marked or It	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I		211. LOCATION STREET	CITY OR TO	OWN	COUNT	ΙΥ	STATE
21 is mar			ol) ottended the deceased from	, an	d that in (my) (aur) opinian	death accurred an the d	date and he	, 19aur and from		t (1) (we) lost ses stated
If Nem		226. SIGNATURE	leider		ATTENDING PHYSICIAN	MEDICAL STA		22c. D	ATE SIG	NED 3/82.
with the State Do		RUBEN	REIDER M	10.	1406 Cu	an Higher	vis .	50-50	ute	102
	(	URIAL, CREMATION, REMOVAL SPECIFY JNERAL DIRECTOR NAME OBERT S-BARR	5-26-82 G	PAR!	MD.	23d LOCATION CITY OR TOWN	25b. 72	A TIM	ORF	STATE

STANDARD FOR A STANDARD TO SEE STANDARD TO SEE

STATE	OF MARYLAND
-------	-------------

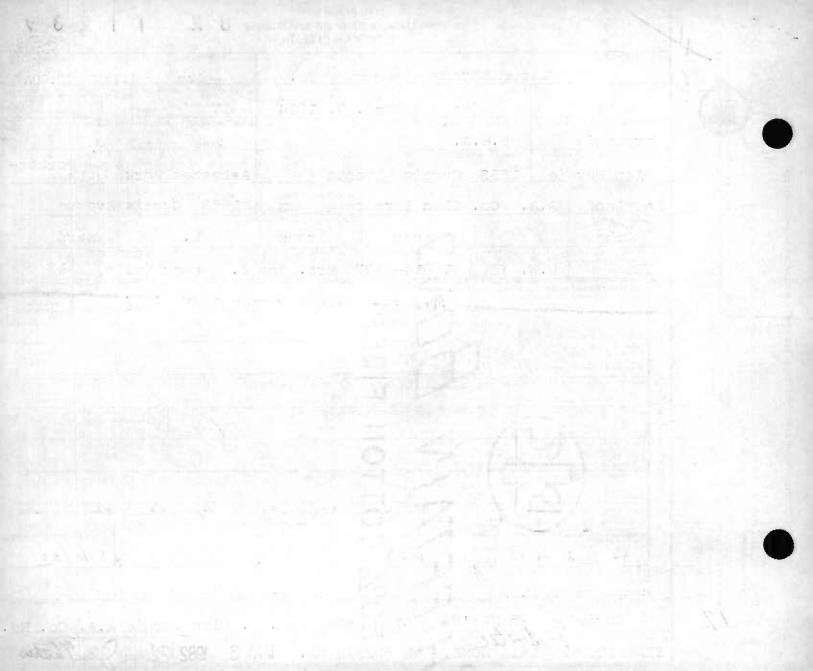
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	7	REGISTRAR				CERTIF	ICATE OF DE	ATH	REG. NO	).		
		CEASED NAME	FIRST	A	MIDDLE		AST			MONTH DAY	YEAR	26 HOUR
1	III.	Section 11	Geor	ge Amb	rose	Knaue	r, Si	r .	Mav	1.19	82	10.00A M
X	1, 56	X		RACE		5 DATE (	OF BIRTH		6. AGE (IN YEARS LAST BIR		RIYEAR	IF UNDER 24 HRS
0		Male	- V(	Whi	te	Dec		924	57	YRS.	DAYS	HOURS MIN.
1	#e. 111	RTHPLACE THE ORF	OREIGN 71	CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MA		9 BALTIMORE CITY O		ATH	- 1977
9		aryland		U.S.	Α.	WIDOWE		DRCED	Anne Ar	undel o		MD
	March Committee	TY OR TOWN OF DEA	TH 1			RSING HOME	OR OTHER INSTIT		12a LISTIAL OCCUPATION	DN 121	KIND	OF BUSINESS OR
20	(	Glen Burn	ie	1553	Curt		enue		(TYPE OF WORK FOR MOST O			
2		AL RESIDENCE (IF NURS	ING HOME OF O	THER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)				WOLILI	на	rden
6	Ma	aryland	A A	_	Glen	Burni	13d. INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS 1553 C	urtis A	ver	nue
	-	THER'S NAME					15. MOTHER'S A	Visit .	NE .			
7/	94	John	M.	DDLE	Knat	ıer	Ire	ene	E •		Wa	ard
		VAS DECEASED EVER			166 SOCIALS		17 INFORMAN		ADDRE	ss same		
	4	YES NO OR UNKNOWN)	W.W.	WAR OR DATES)	218-1	4-933	Mrs	Ann	E. Knaue		)	#13
1		18 CAUSE OF DEATI										XIMATE INTERVAL
333		PART I. DEATH W	AS CAUSED	BY	4 .	4	lom2	Ple	ural & Per	tonal	BETWEEN	
		1109	IMMEDIATE				10me	7.0	our of or ier	Tonal		1 year
		1601		DUE TO, OF	R AS A CONSE	QUENCE OF				10 35		
0	10	Canditians, if any, gave rise to imm	nediate	(6)				- 1				
		cause (a), stating underlying cause		DUE TO, OF	R AS A CONSE	QUENCE OF						
	0			(c)								
3	NO	PART 2 OTHER SIGN	IIFICANI CO	NOTITIONS <u>CC</u>	NIRIBUTING	IO DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART	10
	ATIC	190 DATE OF OPERAT	10N	Ties CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORM	MED	20a AUTOPSY?	20b. IF YES, WER	EEINID	NCELIEFD
1	FIC	DATE OF OTERAL	1014	178 CONDI	TIOIT OK WIT	ICH OPERATIO	IN WAS PERFORM	WED	/	IN CERTIFYING		S OF DEATH?
4	CERTIFICAT	21g. ACCIDENT WAS UND	ERIVING []	21b. TIME OI	E INTITION		Tale HOW IN II	IDV OCCUPAT	YES NO DED (ENTER NATURE OF INJUR	YES 🗌		NO 🗌
1	0.7	OR CONTRIBUTING			M. MONTH	DAY YEAR	216.110 11 11430	OKT OCCORRE	ED (ENTER MATURE OF INJUR	Y IN ITEM 18 PART I OF	PART 2)	
1	JIC.A	(IF EITHER NOTIFY MEDIC		P./		19	IN LOCATION					
	MEDIC	21d INJURY OCCURR		21e. PLACE C	DF INJURY EET, FACTORY OFFI	CE FARM ETC ]	211. LOCATION STREET	1	CITY OR TO	VN CC	UNITY	STATE
		NOT WH	K L	1.								
3/		22a 1 certify that (1)		1) attended the				19	_, to	22 19 8	2	that (I) (vee) last
		saw the decease abave, (1) (d	id alive an lid) (d===+)		22 1' after death.			apınian di	eath accurred on the do	te and haur and f	ram the	causes stated
	1	22b. SIGNATURE	, , ,	2			DEGREE				c. DATE	SIGNED
		Stua	L H	15 rac	en l	~··)		TENDING TYSICIAN	MEDICAL STAF		5/1	1/82
1		22d PHYSICIAN'S NA	ME (TYPE OR P	PRINT)	11.74	- 33	22e ADDRESS			MILE IN		
	5	tuart Brag	er, M.	.D.			c/o	Marv1	and Genera	Hospita	1	
	The same										_	
	23a. B	URIAL, CREMATION, SPECIFY Burial		23b. DATE 05 MAY		3t. NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION	COUN	***	C 1 4 1 F

DHMH-16 50M 1/81 (VRA 15, 4)

SINGLETON FUNERAL HOME, GLEN BURNIE, MD.

MAY 3 1982 Trances MAY 3



Baltimore, Maryland MA

- STATE

(VRA 15, 4)

Leonard J. Ruck, Inc.

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

A I I I LANGE THE THE IS A STAN I TO SEE IN THE File of the second seco The state which was break that the same the state envir Little and Alleran March X - A Ay a grant some find Andrew & AND STATE OF THE PARTY OF THE P Merine Englance of Thomas State All The him had a second to the HIT TO FERRING AND THE HALLE CON WALLE TO THE The could be seen as the section of Control of the second of the s

		MARYLAND STATE DEPARTMENT OF HEALTH
10	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORA MARYLAND 21201   2 9
	V. N. S. A. S.	CERTIFICATE OF DEATH
	EL PEN	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
	2 BEE	(Type or print) HAROLD RAYMORD LANDIS Month Day Year S. 40 PM
	hours after deat n by the faheral r. Poges, and hours after dean	3. SEXMALE  4. RACE  WHITE  S. DATE OF BIRTH  6. AGE (In years lift UNDER 14 HOURS AIN.  6. AGE (In years lift UNDER 14 HOURS AIN.  OUT YRS.
	hours Shour	70. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   ANNE ARUND & Md.
	n 24 pop pop nin 7	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
	Se Se Se C	CLEN BURNIE give street address) GEISCIRCE during mast of warking life, even if retired.) INDUSTRY Farming
	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ined by the haspital or attending physician.  8. After this certificate has been signed by the attending physician and completely filled able be detached far use as the burial-transit permit. Then please remaye carbon paper the State Dept. of Health priar ta burial, crematian, ar removal, and in any eyent, within 72 in the State Dept.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) STATE (AR) (13b. COUNTY GARRET MD 13c. CITY OR TOWN YES) NO IN General Delivery
	and compression of the compressi	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle WR 16HT
	Se r	
	physician. signed by the attending physician and coburied transit permit. Then please remained, crematian, ar removal, and in any	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar upknown WW II  16b. SOCIAL SECURITY NO.  218 - 16 - 2933  17. INFORMANT  SISTER
	rer The p	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)
	ar re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY TRRET
	atte perm perm an,	1850 DUE TO, OR AS A CONSEQUENCE OF
	the the sit mati	Conditions, if any, which gave rise to immediate cause (a), (b) METHSTATIC CARCINOMA 1986-81
	es tho sician. ed by al-trar al, crei	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PROSTATE 1979
	sign buri buri buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)
	ling sen the r ta	NO
	the law requires the attending physician has been signed by see as the burial-tra he priar to burial, cre	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO 2  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. How 18.)
	or or ate	
	Partie de la	OR CONTRIBUTING CAUSE OF DEATH OUR A.M. Manth Day Year (If either, natify medical examiner)  P.M.  19  21d INITIAL OCCUPRED 121e PLACE OF INITIAL STREET, FACTORY 1 21f LOCATION Street or R.E.D. No. (ib. or Town) COURSE.
	PHYS te has his cel etache Dept.	21d. INJURY OCCURRED While Not while at wark at wark at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn Caunty State
	NG Ny th ter t te d	22a. I certify that (1) (this haspital), attended the deceased from 1/26/2, 19 6 2 to 5/7, 19 8 2 that ((1)) (we) last
	TENDI Ined b R: Af auld b the S	saw the deceased alive on 190, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave((I)) (we) (did) (did hat) view the bady after death.
	A a C a a a	22 JUNE 1 STAFF 222C. DATE, SIGNED 1 STAFF 22C. DATE, SIGNED 1 STAFF 22C. DATE, SIGNED 1 82
	May SAL C	22d. PHYSICIAN'S OD, ZIMMERMAM 22e. ADDRESS 7 FIRMACE BR ND GLON BURME 7 45 FIRMACE BR ND GLON BURME
	Page 4 director should	23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	Pag dire	Burial 5/10/82, King Cemetery (rural) Oakland Garr. Md.
		24. FUNERAL DIRECTOR P. F. H. J. JOHNESS 250. REC'D BY REGISTRAR'S SIGNATURE
	VR A15 (4) 30M REV. 1/68	Durst Funeral Home Oakland, Maryland DATE DATE

6 E training for Sen THE RESIDENCE OF THE AND A STATE OF THE To The Control Dally or E S MY SING A STATE OF THE PARTY OF THE PAR A TANK OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY. THE PERSON AND THE WORK OF THE PERSON AND THE PERSO Toring Leading County Course C DONET Tuneral to to calling, Enveloped

1				STATE OF MARYLAND
6	4)	1		DEPARTMENT OF HEALTH AND MENTAL HY GENE 2     2 9 2
	death certificate be executed within 24 hours after death. Page 4 may be	page 3	1. DE (T	ECEASED-NAME First Middle Last 2a. DATE OF DEATH Manth 5 Day 14 Year 82 2b. HOUR 900 A M
		(M)	3. SE	
•		pour H	7a. E caun	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH ANNE ANNE ANNE ANNE MARRIED MA
1201		ould be death.		11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired.)  12. KIND OBBUSINESS OR during mast of working life, even if retired.)  12. HOUSEWIFE
LAND 2		d 2 sh offer	13a. admi	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY FUNCTION OF 13d INSIGE CITY LIMITS? YES NO DE 204 BEVERLY AVE.
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		# 20 ZO		FATHER'S NAME First J Middle HEALY ISMOPHER'S MAIDEN NAME First OMIDDEN THE RINE OMIDDEN THE RINE OMIDDEN LOST
		ers. F		(es, na phishawn) (If yes give wor or dottes of service) 16b. SOCIAL SECURITY NO. 17. NFORMANT DANIE F. LANE, St. Address # 13
		ng physic e corban in any ev		18. CAUSE OF DEATH (Enter only one cause per linge for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave)  (b) MYOCARDIAL TNFARCTION  APPROXIMATE INTERVAL BETWEEN ORIST AND OFFITH  PART 1. DEATH WAS CAUSED BY:  TWEEN ORIST AND OFFITH  STORY OF THE PROXIMATE INTERVAL BETWEEN ORIST AND OFFITH  STORY OF THE PROXIMATE INTERVAL  STORY OF TH
. PRESTO	the	lease r noval,		rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF (CORONARY ARTERY ARTERIO SCLEROSIS YRS.
301 W.	£ .	Then , or	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
RECORDS	w requires	bern 7	CERTIFICATION	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO CAUSES OF DEATH?
VITAL F	The lay	iol-transit o buriol, ca	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)  21b. TIME OF INJURY Annual Port 1 or Part 2, Item 1B.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
SION OF	PHYSICIAN: offending p	s certificat the burial prior to b		21d. INJURY OCCURRED While Not while of twark 12 te. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. (ity or Town County State of work)
DIVIS		After this or use os Hygiene		22a. I certify that (I) (this haspital) extended the deceased from 1901, 1901, ta 1147, 1903, that (I) (we) last saw the deceased alive an 1903 and that in (my) (our) opinion death accurred and the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.
	OR ATTENDING the haspital or	ECTOR: oched fo Mental		22b. Signature MED. STAFF 122c. DATE SIGNED MED. DIRECTOR DIRECTOR DIPHYS. 14 MAY 82.
	IAI by			22d. PHYSICIANIS NAME (TYPE)////AM, H. Chorte 2083 West St. Annapolis, MD.
	TO HOSPIT	TO FUNERAL should be of Heolth	1	BUBIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Lity or Town) (Gunty) (State)  SEMOVAL (Specify) 5.18.82 NT OIVET
	DHMH-	16 1/71 30M ** (VR A15 (4))	0	ONN M. TAYLOR PONS - NNA POLIS MD DATE MAY 1 8 1982 From

AV STORY OF THE STATE OF 

PI	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 2 9 3  CERTIFICATE OF DEATH  REG, NO.						
ME		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
	3.59	WILLIA	M James	LEE TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	1) 82 10 PM			
(		Male		ONTH DAY YEAR O'S	77	MONTHS DAYS HOURS MIN.			
200	70 B	IRTHPLACE (STATE OR FOREIGN	LE CITIZEN OF WHAT COUNTRY? 8.	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUN				
	1000	$\overline{m}D$	USA WIDO	OWED DIVORCED	A.A. Co	· MD.			
1 11 10	A	NNAPOLIS	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION UME OF WORK FOR MOST OF WORKING	PUFE) 126 KIND OF BUSINESS OR CONTROL SERVICE			
Hilled in	13a.	AL RESIDENCE (IF NURSING HOME OR ( STATE 136 COUN	THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING	13d. INSIDE CITY LIMITS?.	130 STREET ADDRESS	Ave 21401			
1 12 /12	14. E.	ATHER'S NAME	NODLE LAST	15. MOTHER'S MAIDEN NA	ME MIDNE	LAST			
6000	180.	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY NO	D. 17 INFORMANT	ADDRESS	Ruth			
The same of the sa		OR UNKNOWN) (IF YES, GIVE	214-05-165	1 Cora M.	Lee	ame as #13			
ficons physic specific neut, th		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	BY:	nic of ach		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ding ding or te		4100 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE O	E A A	0 / 1				
deor orthon orthon		Canditians, if any, which	( b) a cure	Myocardial	defard.				
of the first		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O	<sub>F</sub> <i>O</i>	0				
Thur pla Thur pla to burio	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 11a			
on. I permit ers pro	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO N			
front fram 18 th		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY YE.	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	<u> </u>			
Sent Sent Sent Sent Sent Sent Sent Sent	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		9 211 LOCATION					
fac the outle by hand to	WEI	AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC		CITY OR TOWN	COUNTY STATE			
Media Heal			al) attended the deceased fram			, 19, that (1) (we) last			
MACE AND A SECOND SECON		saw the deceased alive an, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. If (we) and ided not view the body after death.  DEGREE							
PALDS HE DE MIT THE DE		+ Poct	mind	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/17/82			
O FUNER O FUNER Could be whoold be whoold be		HAROLD GO	( Fal 110)	Ridgely A	venue Anna	polismi			
20	230.	BURIAL, CREMATION, REMOVAL	100	F CEMETERY OF CREMATORY	23d. LOCATION CITY OR TO	OHD MAI			
BP	24 F	Junta June Al Director	Mrs 301887 H	11crest 1250 DAJI	Hnnapolis E REC'D. BY REGISTRANITA REGIS	HH MI			
(VRA 15, 4)	J	ohn M. Taylor	& Jons, ADRESS	Its MI MA	20 1982 Junes	Jan Nathen			

STATE OF MARYLAND

6 W. L. T. T. S. S. mer and community of the community of Total art plantition X aliqueath 49 1100 ETE SALM STOP TO THE STOP ON time site and sine telephone it has some the The the second the sec

1	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8 2	1294
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be page 3	(TYPE	Rolan	d	Levesque	May	19 1982 0933a M
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
onh. Page 4 I		Male	CAU	Feb 3 1924	58 YRS	Mild.
Po Po	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
to see se	Ma	ssachusetts	USA	WIDOWED DIVORCED		County MD.
on softer of sof		TY OR TOWN OF DEATH  • Meade		G HOME OR OTHER INSTITUTION  ADDRESS) COMMUNITY HOSPIT	120. USUAL OCCUPATION Tal (TYPE OF WORK FOR MOST OF WORK INC)	12b. KIND OF BUSINESS OR INDUSTRY
D 212	136. 3	STATE 1136 COUN		N 13d. INSIDE CITY LIMITS?		
NA fill Should should be s			Arunde Severn		No. 5, Gerald	Court
BALTIMORE, MARYLAND core be executed within 24 spers. Pages 1 and 2 shauld vol. it, the medical examiner mus	14. FA	TEAN	B. Levesaue	15. MOTHER'S MAIDEN N  FIRST  EXAPECIN	e MIDDLE L	afleur
MORE,	160. V	VAS DÉCEASED EVER IN U.S. AR			ADDRESS	54 Knowles Count
Page es	L'	Yes RET-197	4 025-16-8	528 Joyce Epiey	/Daughter - Ft.	5A Knowles Court Meade, Maryland
BALI age of the state of the st		18 CAUSE OF DEATH (Enter or	lly one couse per line for (a), (b), and D BY:	d (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., ph		IMMEDIA	TE CAUSE (D) Cardlopul	monary arrest		I hour
on Sinding carbo		4140	DUE TO, OR AS A CONSEQUE	NCE OF		
RESTON death andre can arian, an		Conditions, if any, which	( Atherosci	erotic heart dise	ease	10 years
hat the hat the ase rem		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
RDS, 20 equires t a signed Then ple to burno injury, or	NO	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION (	GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The low requires that the death cr otherding physician. When this restrictore has been signed by the attendin as the burial-transit permit. Then please remove corb th and Mental Hygiene prior to burial, cremation, ar orked or them 18 shows any injury, or other traumatic	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
VITAL  N. The ransit protection of the ransit	CER	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	8 PART 1 OR PART 2)
OF Sphare	AL	OR CONTRIBUTING CAUSE OF DEA		Y YEAR		
HYSIC nding his cer buria d Ment at Ment	MEDICAL	21d. INJURY OCCURRED	21s. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
DIVIS  DING P  or after the as the dith and	٤	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	(11 0.170 1111	JAIL
D or		22a.1 certify that (1) (this haspi	tol) attended the deceased from _	19 May 1982	, to	. 19.82 , that (I) (we) lost
TTEP pitol for u of H	315	saw the deceased alive on	9 May 19 8	2, and that in (my) (aur) apinio	in death occurred on the date and h	nour and from the couses stated
OR A bolked oched Oept.		22 SIGNATURE	1/7/	DEGREE		22c. DATE SIGNED
the est		* 11	Weller	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	19 May 82
O HOSPITAL etoined by the TO FUNERAL should be det with the State	1	22d. PHYSICIAN'S NAME (TYPE O	PRINT)	22e. ADDRESS		
O HOSPI to FUNE should be with the S		James D. Fl	tz. M. D. MAJ.	MC Kimbrough	Army Community H	lospital. Ft.Mead
Of of other Management of the other of the other	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	JAME OF CEMETERY OR CREMATORY		coduit ( Artis)
BP		Berial	5-24-82 1	ld. Vet. Cem.	Crownsville	DACO Md.
DHMH-16 30M 2/80 (VRA 15, 4)	24 FI	UNERAL DIRECTOR	MORESS	1. R. (1)	ATE REC'D. BY REGISTRAR 25b.,REG	ISTRAR'S SIGNATURE
(**************************************		randesty Til	. Anna	polis, /10.	1AY 21 1982 Fran	D

CYNER | SHOUTH BOLL was said the said of the said ar in the state of The later than the second of t Company are at the company are a and the state of t the continuous variables and the second of the continuous second of the the state of the same

Balto., Md. 21225

George J. Gonce F.H. 4001 Ritchie Hgwy.

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4) - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	a 8 min					
		h-1	NS 82			nf.W
				. 415.49		Lat grade
iolidrabledine						
(\$3115) - (\$1 millions)	100					5.35
	40		Seminar			momito?
THE HELD THE CHIEF	co amali	Of mails		en Car		
				9		
				44 ) 2		
					g.	
				(62,111,100) (62,111,100)		100000

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG	REG. NO	1 1	2 9 6
	DECEASED NAME FIRST (TYPE OR PRINT) Char	les E.	Li	Like	May 27		2b HOUR
1	.sex Male	White	5. DATE O	H DAY YEAR_	6 AGE (IN YEARS LAST BIRT	YRS	DATS HOURS MIN.
1	I CITY OR TOWN OF DEATH	U.S.A.  11. NAME OF HOSPITAL, NURSI	WIDOW			undel Co	ounty M
1	Harmans  JSUAL RESIDENCE (IF NURSING HOME OF	6 Harmans	Road	OK OTHER INSTITUTION	ITYPE OF WORK FOR MOST OF Self-Empl	OVER BI	ND OF BUSINESS OF Tipy Room
1	30. STATE 13b COUI	INTY 13t CITY.OR TOV Harman	VN	13d. INSIDE CITY LIMITS?  YES NOX	13e STREET ADDRESS 6 Harman	s Road	
	Leopold	Liike		Emmaline	MIDDLE		isher
10		RMED FORCES? 166 SOCIAL SECTION W. T 478.26		Mr. Char		ss Same a	as # 13
	PART I. DEATH WAS CAUSE	only ane couse per line for (a), (b), or ED BY:  TE CAUSE (b)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE (c)	JENCE OF	structive f	Ulmonary	Dis.	PPROXIMATE INTERVAL WEEN ORSET AND DEATH
	PART 2 OTHER SIGNIFICANT ( 19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO			200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	INDINGS USED
	OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PAI	RT 2)
	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	APR	ZII. LOCATION STREET	city or tov	VN COUN	that (I) (we) las
	sow the deceased alive	of view the body oftendeath.	82.01	DEGREE ATTENDING PHYSICIAN [22] ADDRESS	MEDICAL STAF	22€ [	n the couses stoted DATE SIGNED 5-28-82

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT.

230 BURTAL, CREMATION, REMOVAL (SPECIFY) Burial

1'June 82

The Ottume Memory Of Lawn Cemetery Of Glen Burnie 250. DATE RECID.

Smallwood - PASADENA

236. LOCATION
CITY OF TOWN
Ottumwa, Wapello, Iowa
E REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR BY The ADDR NAME Singleton Funeral Home

MD.

C C S S S S S S S S S S S S S S S S S S		
	he e i i i i ja se e	
Tell		
	ter enemal No. 10 marie	
The state of the s		
DV-1-3		

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

3	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	CIENE 8 2	10	1 2 9 7 E.D.T.
		CEASED NAME FIRST BERNICE	A.		NCH	20 DATE OF DEATH	AY 9, 1	982 2b. HOUR A
	3. SE	x female	4. RACE black	5. DATE (		6 AGE (IN YEARS LAST 816	YRS.	NDER LYEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.
10		IRTHPLACE (STATE OR FOREIGN COUNTRY) . N.C.	7b. CITIZEN OF WHAT COUNTRY? $\mathbf{USA}$	WIDOW		9 BALTIMORE CITY O		
4		GLEN BURNIE	NORTH ARUNDEL			12a USUAL OCCUPAT		12b. KIND OF BUSINESS OR INDUSTRY
1	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		N	13d INSIDE CITY LIMITS? YES [2] NO [3]	331 Cath	Pa erine	sadena Md Avenue
20		ATHER'S NAME William	Redwoo	d	Annie	ME Jone	s	Redwood
1		VAS DECEASED EVER IN U.S. AR. YES NO ORUNKNOWN) (IF YES, GIV	E WAR OR DATES)		Alice Quin	n 331 Cat		Avenue
77	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE    b)	NCE OF NCE OF NCE OF DEATH BUT OPERATIO  Y YEAR 19	216. HOW INJURY OCCURR	INAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b IF YES, WE IN CERTIFYING YES THE PRINCE OF THE PRINCE	ERE FINDINGS USED G CAUSES OF DEATH? NO OR PART 2)
	MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE FACTORY, OFFI	92	nd that in (my) (our) opinion of DEGREE	death occurred on the death occurred on the death occurred on the death of the death of the death of the death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred occurred on the death occurred o	, 19_ pte and hour and	county STATE  , tho ((b) (we) lost d from the couses stated  22c. DATE SIGNED  May 9 ( ) P
1		CHARLES J. W	J, M.D.		22e ADDRESS 784		ROAD, SI	D 21061

231 NAME OF CEMETERY OR CREMATORY

Md Nat

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

William March F/H 1101 E. North Ave C.

5/15/82

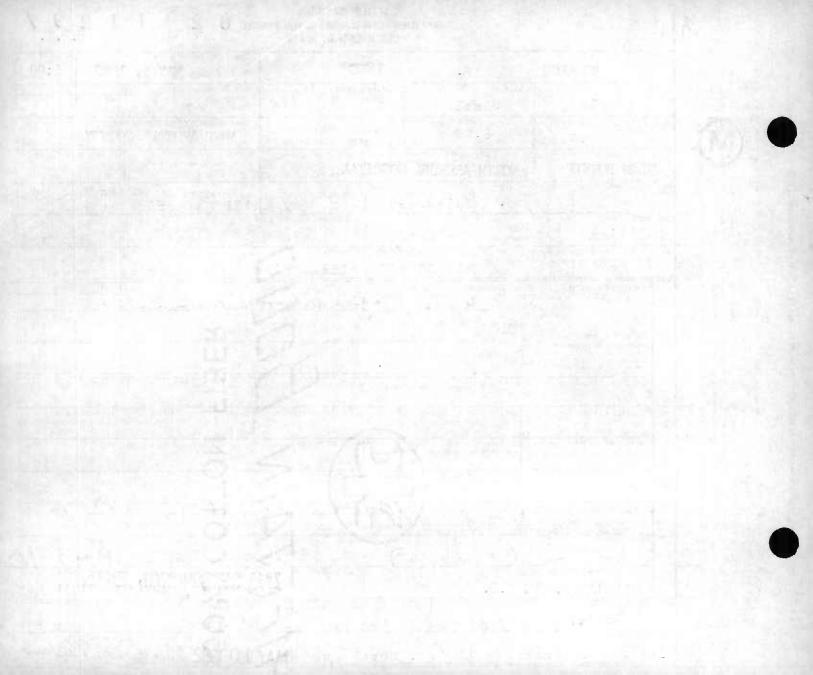
23b. DATE

D 1982 James Can Mathen Mem Park | 25g DATE REC

23d LOCATION
CITY OF TOWN
Laurel

STATE

COUNTY



		STATE OF MARYLAND	
17		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS	298
10	1.01	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.  DECEASED NAME FIRST MIDDLE LAST REG. NO.	
		(TYPE OR PRINT)	
	3. SE		30 1982 P.
	3. SE	MONTH DAY YEAR LAST BIRTHDAY LONG TO THE PROMOTED TO THE PROMO	20.11001
1	o B	DEAD STATE OF THE OWNER OWNER OF THE OWNER OW	31 1982 P. A
		MARRIED IN NEVER MARRIE	NIT OF DEATH
	_	CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORLD)	MI ( 12b. KIND OF BUSINESS
l	1	Colhinar (1994) (1994) THE MENT OF STRINKLER	PHIVATE
	USU	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	COMPANY
	13a. S	ANNE ARUNDEL LOTHIAN  136. CITY OR TOWN YES NO 1374 MARLBORO	ROAD
	14. F	FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
į		WILLIAM WALKER MASSINGALE MARGARET	HOLDER
		B. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT TON LADGES TY	ISTA TRAILER
L	U	UNKNOWN (IF YES, CINE WAR OR DATES) 247-09-3375 THOS. W. MASSINGALE PARK	OTHIAN. MD.
ı		18. CAUSE OF DEATH (Enter only one cause per line) for (a)(b), and (c).)	ALMATE INTERVAL
		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) LILENASCIENALIC (7)	Just.
		DOE TO, OR AS A CONSEQUENCE OF	-
		Canditions, if any, which gave rise to immediate (b)	The second second
		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
		(c)	2 1 2 2
	7	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (g).	
_	Ē	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
	FICA	198. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	YES NO
	AL C	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19	+/
	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
	W	WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	OUNTY STATE
	1	22a. I certify that I tool church the remains described above, held an Autopsy . Inspection . Inquiry ., and in my	apınian
		death resulted from Natural Countries. Accident , Suicide , Hamicide , Undetermined manner ,	
		ACTUAL TITLE (SPECIFY)	1/4/02
-		SIGNATURE M.D. LED TIL MEDICAL EXAMINER SKOR	(ED 3/2/80
		EXAMINER'S NAME LIMHARNT ADDRESS ADDRESS AND ME	
	23n B	(TYPE OR PRINT) ADDRESS  BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	
	9	BURIAL 6/3/82 GREENLAWN CEMETERY ASLEY, (PICKEN	S) S.C.
	245	RTEHARDORA COLEMAN ADDRUPPER MARLBORO, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S	
	节	FUNERAL HOME MARYLAND 20772 JUN 3 982	- The Three

SALE OF THE PROPERTY OF THE SALES OF THE SAL The state of the s AND ANDER AND LATER X 1374 MARKED TO HOLD Commence of the Commence of the 3 1982 Transmission of

AND THE SE BONDARD WHEN 

	1-	FOR STATE REGISTRAR			DEPAR	RTMENT OF H	EALTH AND	MENTAL HYG	IENE 8	2 REG. NO.	D.S.T	3 (	) 0
		CEASED NAME	FIRST		MIODLE		AST		20 DATE OF D		DAY YE		IOUR
			JOHN			MCGRAIL	el		MAY 29	, 1982		4:	42 PM
	3. SE	X	14.1.S	4. RACF *		5 DATE C		YEAR	6. AGE IN YEA	RS LAST BIRTHDAY)	IF UNDER T	YEAR IF UN	NOER 24 HRS
	Ma	le		White		5	15	1903		79 YR		ATS HOU	MIN.
17		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER	MARRIED [		ECITY OR COU	NTY OF DEAT	Н	
1	Ir	reland		U.S	.A.	WIDOWE		VORCED	ANNE A	ARUNDEL	COUNTY		MD.
4		EN BURNIE	ATH	(IF NOT IN SUC	HOSPITAL, NURS HEACULTY, GIVE STR ARUNDEL	EET AOORESS)		TITUTION	120 USUAL OG	CUPATION OR MOST OF WORKIN		TRYWes	stern ric
5	Ma	AL RESIDENCE (IF NUR STATE LTYLAND		ne ne ndel	Pasad		13d INSIDE C	ITY LIMITS?	13e STREET AD	odress pian Wa			
7 1	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S	S MAIDEN NAM		MIDDLE	71-11	LAST	
-6			Not	Kno	wn			No		Knor	wn	LAST	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMA	INT		ADDRESS 4	Appia	n Wa	У
	Ye	s	1926	-1929	215-10	-4165	John !	r. McG	rail	Pasade		D. 2	
		PART I. DEATH V  4 1 0 0  Conditions, if any gove rise to im cause to in state underlying couse	MMEDIAT , which mediate ng the e lost.	DUE TO, O	R AS A CONSEC	SENCE OF	0_	ordrei	(	diels	ın		
	NOIL	PART 2 OTHER SIG	3.80	CONDITIONS <u>CC</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE (	OR CONDITION	GIVEN IN PAI	RT lia:	
2	CERTIFICAT	198 DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	200 AUTOP	SY? 20b F	YES, WERE FI RTIFYING CAI YES []	JSES OF D	ISED EATH?
7		OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DE	SIE	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATU	RE OF INJURY IN ITEM	18, PART 1 OR PAR	1 2)	
	MEDICAL	21d INJURY OCCUR	TI I	21e PLACE	OF INJURY REET, FACTORY, OFFIC	E, FARM ETC )	211 LOCATIO	N		CITY OR TOWN	COUNT	γ	STATE
		270.1 certify that () sow the arceas above, (i) web	ed alive of	al) ottended the	6/82 19		9/6 nd that in (my)	, 19	to_5	on the date and	hour and from		l) (we) lost s stoted
	3	77h SHOW	X	we to	3 Paul	ug R	-/		MEDICAL DIRECTOR	STAFF PHYSICIAN	224. 0	ATE SIGNI	182
1		DORGE !	RAMIR	ez, M.D.		0	GLEN	1070	DAKWOOD MARYLA	ROAD SU AND 2106	ITE 20	5	

Gardens Of Faith

750 PATE REC'D.

Baltimore

D. BY REGISTRAR 256. REGISTRAR 550.

23d LOCATION CITY OR TOWN

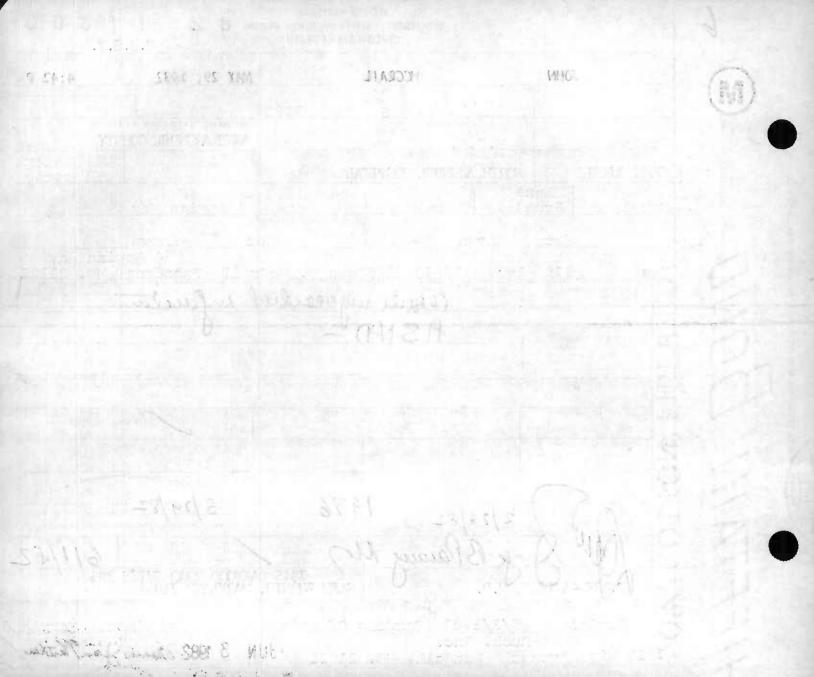
DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Item 21 is mark

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 7922 Wise Avenue

al 6/1/1982 Ga Duda-Ruck, Inc.



	1.	STATE REGISTRAR	DEP		TE OF DEATH	REG. N	10.		,
ay be coge 3 death		CEASED NAME FIRST OR PRINT) BARBA	RA H	MIL2	BR	20. DATE OF DEATH	MONTH DAY	1982 2	D. HOUR
oge 4 may	3. SE	Female	White	5. DATE OF BIR	3, 1884	6 AGE (IN YEARS LAST BIR	YRS.	THS DAYS	F UNDER 24 HRS HOURS MIN
eath. Pa		RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED   DIVORCED	9 BALTIMORE CITY	e H	DEATH PUNC	de/MD
Softer of	10 C	NNADOIS	11. NAME OF HOSPITAL, NI	URSING HOME OR OF	ING Home	120. USUAL OCCUPAT (TYP) O WORK FOR MOST OF		126. KIND OF I	JUSINESS OR
n 24 hours	130.	AL RESIDENCE (IF NURSING HOME OF		10WN / 13d YE	INSIDE CITY LIMITS?	13e STREET BODRESS	11 Hig	hway	,
maker with and 2 s	14. F/	THER'S NAME FIRST	MODIE LAS'	15. A	MOTHER'S MAÎDEN NAA FIRST	AE CANDOLE	5	LAST	~ 1 ~
in and co	160 \	VAS DECEASED EVER IN U.S. AR (ES, NOODRINKNOWN) (IF YES, GIVI	RMED FORCES? 16b SOCIAL 2/3-3	SECURITY NO 17 1	FRANK J.	Miller	5570D	hady i	MD,
The death certificate the attending physicis remove carbon paper remailian, or removal.		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS  DUE TO, OR AS A CONS  DUE TO, OR AS A CONS	SEQUENCE OF	Arrest			APPROXIMA BETWEEN ON	ite (Riterval Set and Death
low requires that low requires that is been signed by ermit. Then please a prior to buriol, cr s any injury, ar ath	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	conditions contributing Conditions contributions Clevitle  196 CONDITION FOR W	Wear	1 Passear		20b. IF YES, W	IN PART 1(a)	
OF PHYSICIAN: The law in the strange of the strange	MEDICAL CERTIF	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED	HOUR A.M. MONTH ) P.M.  21e. PLACE OF INJURY	DAY YEAR	HOW INJURY OCCUR		YES [	1 OR PART 2)	NO []
OR ZITENDING PR he haspital ar atten DRECTOR, After th backed far use as the Dept. of Health and filtern 21 is marked	W	WHILE AT WORK  220.1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (did) (did)		rom	of in (my) (our) opinion of	CITY OR TO	5 - 11-, 19		state of (I) (we) lost uses stated
		226. PHYSICIAN'S NAME (TYPE C	1	DEGR - C	ATTENIONIC	MEDICAL STA	CIAN	S/1	2/82 2/82
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stati	230	C.V.C.Y	RIAC 123b. DATE	23- NAME OF CEASE	TERY OF CREMATOR	N BURN 123d LOGATION	113.		1861
BP		CREMATION, REMOVAL	5/14/82	ST. MARY	S CMETEL 250. DAT	REC'D. BY REGISTRA	COLIS A	P. AD.	MD.
(VR A 15 (4))	J	OHN M. TAYlor	1. SONS HAN	Apolis,	MD, MAY	14 1984	Property (		

Color Fold S. S. S. Company of the American FEBRIC WATE JON 3, 1884 Germany district X - Home Pranter Swampath Liny Many May my fand Sugar agter Stop Con The I die to the things of the terms of the terms We have the second of the seco Elevery Spritter Strikery Contact Spring policy A Fig. 1950

- STATE

REGISTRAR

Vermillion 5815 Whippoorwill Dr Deale PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF COUNTY STATE (our) opinion death occurred on the date and have and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN STATE Burial 5/4/82 Dur Lady of Sorrows West River Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Hardesty Funeral Home 12 Ridgely Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER 1 YEAR DATS

INDUSTRY

12b. KIND OF BUSINESS OR

auto

SETTINES DE MILLER MADEL EN EN L'OBE 1981-12-6 7 3/4/7 Large and the second of the second of the second of Deales a state in more one will be a supplied to ing IAA Dodge Ship of Aller of the Election of the first of the state of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	1	1	3	0	3
CERTIFICATE OF DEATH		REG. NO.					

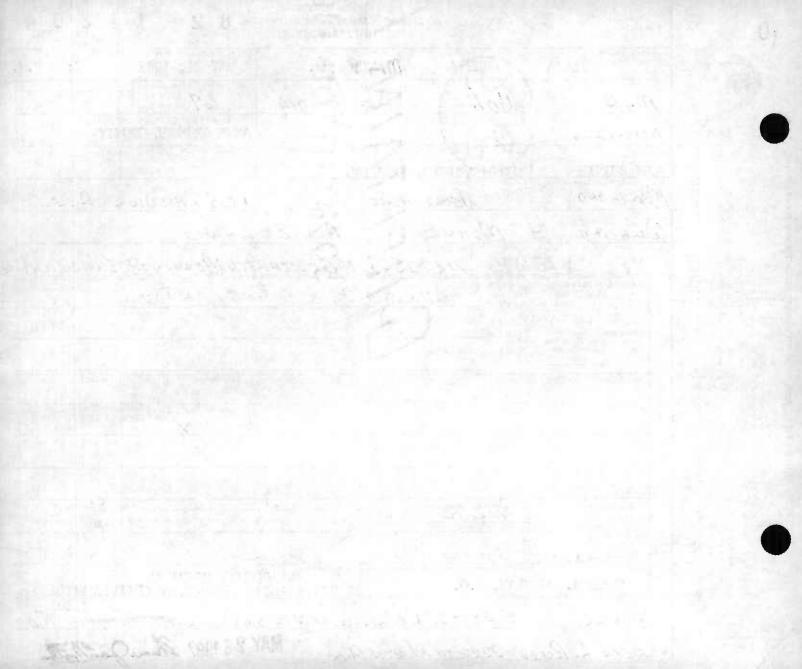
1 - STATE REGISTRA	R	DEPA		ICATE OF DEATH	GIENE O Z.	NO.		3 0	3
1 DECEASED NA	ME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEA	R 2b HC	UR
	MINN	IE D.	MI	LLER		05	20 82		A
3 SEX		4. RACE	5 DATE		6. AGE (IN YEARS LAST		IF UNDER 1 Y	EAR IF UND	ER 24 HR
FEMAL	E	WHITE	08	30 1894		37 YRS	MONTHS D	ATS HOURS	MIN
7a. BIRTHPLACE		76 CITIZEN OF WHAT COUNT	RY? 8		9. BALTIMORE CITY	1100	TY OF DEATH	H	_
GERMA			MARRIE	D NEVER MARRIED			III OI DEAII	Toront.	
10 CITY OR TOW		U.S.A.	WIDOWI		ANNE ARUI		101 440		M
CAPE ST	CLAIRE	1298 SWAN DR	RIVE, 2		(TYPE OF WORK FOR MOS HOUSEWIF	TOF WORKING		ID OF BUSIN	4E22 O
USUAL RESIDENT 130 STATE MARYLAI	13b COU	OR OTHER INSTITUTION GIVE RESIDENCE BI INTY 13c. CITY OR T CAPE S	OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	S DRTV	/E 21/	01	
14 FATHER'S NA	ME	CLAI		15. MOTHER'S MAIDEN NA		· DICE	2, 21-	FOI	
	LHELM		RICHS	MAR IA	MIDDLE			ELRIC	
160 WAS DECEA	SED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	ADD	RESS CA P	E ST.	CLAIR	E,M
NO	SETU TO	220-44	-6154	DONZELLA C.	MILLER 12	298 SW	AN DRI	VE, 2	140
gave rise cause (counderlying part 2 01	s, if any, which to immediate stating the couse last.  HER SIGNIFICANT	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	OUENCE OF		2	20b. IF Y	ES, WERE FIN	IDINGS US	
	and the second				YES NO		YES 🗌	NO	
OR CONTRIBI	NT WAS UNDERLYING [ UTING ] CAUSE OF DE NOTIFY MEDICAL EXAMINE OCCURRED	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF IN		8 PART I OR PART		
WHILE AT WORK	NOT WHILE	(AT HOME STREET FACTORY, OFF	ICE FARM, ETC )	STREET	CITY OR	IOWN	COUNTY		STATE
22a.1 certif	y that (I) (this hosp ne deceased alive an (I) (me) (did) (did no	orial) ottended the deceosed fra not) view the bady after death.	962,,01	nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	1	ASS		that (1) the causes s	tated
22d. PHYSIC	IAN'S NAME (TYPE	OR PRINT	70	77e ADDRESS	SUITE 11			-100	,
AJAI	B S. SIDH	U, M.D.		9380 BALTIMO			E; E.C	., MD	•
	MATION, REMOVAL		30 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
BUR IA		05-24-82		JDON PARK	BALT IMO	DRE CT	TYCOUNTY	MARYL	AND
24 FUNERAL DIRI		1 03 27 02	200		TE REC'D. BY REGISTRA	RI25h REGI	STRAR'S SIGN		
NI SASE		HOME, INC. 4107	55 7 T.T.T. 12173		34 0 4	T'	a diameter	(10 M	8
HORRAKD	FUNERAL .	HOME, INC. 4107	WILKER	NO AVE. MA	Y Z 1 1982	1 12.00	17 13 Lm	1000	4

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

			b 0	
		e e		Editor SVI
, , , ,				
	LOCK PURE IN		WA WA	
		Carry V.		
, - , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			4 //9	

10	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 0 4 EDT						
6		CEASED NAME FIRST WILLIAM	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR						
	3 SI	male	RACE  S. DATE OF BIRTH  O. AGE (INYEARS LAST BIRTHDAY)  IF UNDER LYEAR IN UNDER 24 HIS.  MONTHS DAYS HOURS MIN.						
deoth. Parmerol in 72 for	1	IRTHPLACE (STATE OR FOREIGN PUNITY)	16 CITIZEN OF WHAT COUNTRY? 8 MARRIED WINEVER MARRIED WINDOWS OF BEATH ANNE ARUNDEL COUNTY, MARRIED WINDOWS OF DEATH ANNE ARUNDEL COUNTY,						
by the fulfilled with	GL	EN BURNIE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
TLAND 2120 thin 24 hours ely filled in by 2 should be fill	3/1	AL RESIDENCE (IF NURSING HOME)							
MAR wed with the work of the w	14	THER'S NAME FIRST  ILLA (1797)  LY	ANDRE MOANEY PHRIE LAWIS LAST						
BALTIMORE, cote be executed by system and coppers. Pages ovol.		WAS DECEASED EVER IN U.S. AR	REMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS THE WAR OF DATES   212 30 5 25 MEST LIZABETH MOANEY 1905 WARWICK ARE						
es that the death certificated by the attending physpleose remove corban papers, or other traumotic event,		Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)						
RECORDS,	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?  10b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
SICIAN: The mg physicio certificote huriol-tronsit i viol-tronsit i lem 18 sho	MEDICAL CERTII	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ER) P.M. 19						
DIVISIO ING PHY or offer this os the bi thond A	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  21f LOCATION STREET CITY OR TOWN COUNTY STATE						
At OR ATTEND , the hospirol of the DIRECTOR detached for use one Dept. of Hea		sow the deceased alive on	pitol) oftended the deceosed from 19 8 , to 19 82, that (ii) ywe) lost on 12 19 F , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated only view the body after death.  DEGREE  ATTENDING: MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						
TO HOSPIT retoined by TO FUNER should be with the Ste		JAMES A. QUI	OR PRINT) 276 ADDRESS TRITUED CTTV LIOCDITAL						
503P		BURIAL CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 21201 STORY 21201 CLANGE OF CEMETERY OR CREMATORY COPERATORY 21201						
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	OSEPH L. RUE	ADDRESS LA NORTH AURA 28 1982 PLANE CONTRACTOR ADDRESS SIGNATURE						



	1.	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. N	1 1 3 0 3
* 1 <b>-</b>		CEASED NAME FIRST LOLA	middle m	PORELAND	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR - 15-82 350 PM
(M)	Jr. S.E.	EMALE (	CAUCASIAN	S DATE OF BIRTH  MONTH  DAY  YEAR  1	6 AGE (IN YEARS LAST BIR	YRS MONTHS DATS HOURS MIN.
death. P		RTHPLACE (STATE OR FOREIGN TO THE COUNTRY)  ITY OR TOWN OF DEATH	L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	ANNE	PROUNTY OF DEATH HRUNDEL MD.
ours offer	UsU	upapalis	IF NOT OUCH FORTY GIVE STREET	ADDRESS PT	TOUSEW	10h Working LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
hin 24 ho ely filled shoulen	13a. :	4D 39. COM	A HENOL	13 INSIDE CITY LIMITS?  YES NOTHER'S MAIDEN NA	13948 DORED	EEPCREEK AUR
complete complete s 1 and 2	Iáo. V	OHO ME	SCHMIDT  ED FORCES? 160 SOCIAL SECU	RITY NO. 17, INFORMANT	MIDDLE	Sappington
ician and coers. Pages 1	(	(ES NO OPUNOWN) (IFYES, GIVE V	NAR OR DATES) 217-46-	3338 MADOLIN 1	108S #	13
ertificate ng physic banpape remaval		PART 1. DEATH WAS CAUSED  IMMEDIATE	BY:	anust		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e attendi mave car notian, ar troumati		Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	metrospala ans	dent .	
ed by th please re priol, cren		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE			
requires	TION	PART 2 OTHER SIGNIFICANT CO	Dia beter	DEATH BUT NOT RELATED TO THE TERM	PIST	
N. The low hysician. Icate has be ransit permit Hygiene pri Hygiene pri 18 shows an	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
SICIA ng p certif ricial-t	MEDICAL CE	2]0. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART ?)
NDING PHY:	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
Pre pre 212		22a I certify that (I) (this haspital saw the deceased alive an abave, (I) (we) (did) (did not) v	MAY LJ 19		depth accurred on the do	19 , 19 (I) (we) last ate and hour and from the couses stated
O HOSPITAL OR A etained by the hos TO FUNERAL DIRECTABULE Should be detached with the State Dept.		226. SIGNATURE  PROPERTY OF PROPERTY OF PARTY OF	2V	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	
TO HOSPITAL TO FUNERAL should be det with the State		B7 Fur low b	u)	77 West	St Anney	4 kd 2 (40)
ВР	7	URIAL, CREMATION, REMOVAL  VICINAL  UNERAL DIRECTOR	5/18/82 /15	BURY HETH	HENOL	Dy AD 240
DHMH - 16 50M 1/B1 (VRA 15, 4)	Ix	IXLOR FUNER	AL CHAPELESS	Houngdotto 100 MM	AY 1 8 1982	The state of the s

SHE HAMPONS OF SHEET OF MARKET AND LINES.

Maryland

FOR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

Singleton Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TIVE THE STATE OF A CONTROL OF THE PROPERTY OF THE PARTY OF TH different seals said to the contract of the co

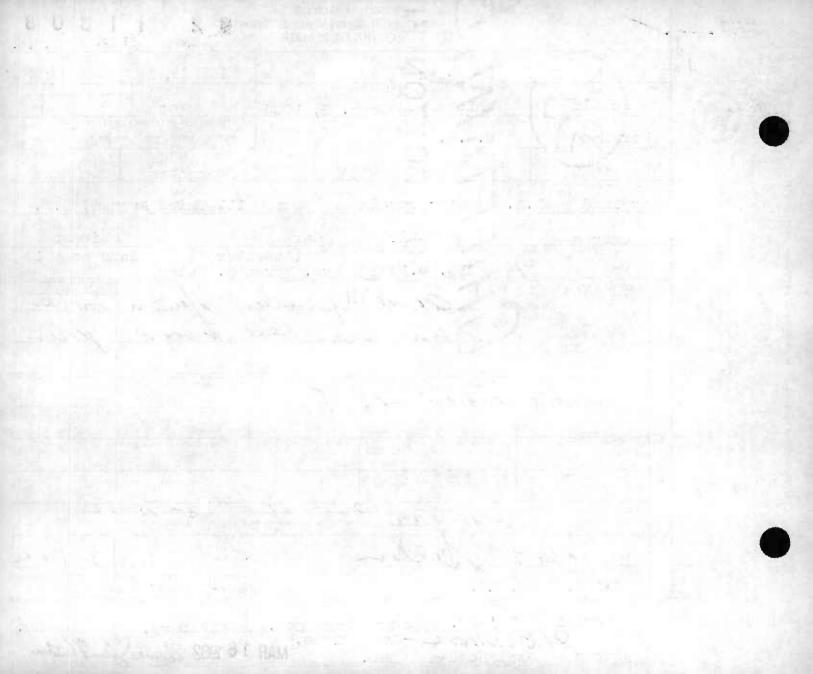
X	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 2		3 0 7
n 62		CEASED NAME FIRST	WIDDIE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
and the second	-	JOHN	S		NOVAK, Sr.	MAY 2	. 1982	7:25 M
1	3. SE	Male	4 RACE White	5. DATE O	0/1972 YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAY	
(Ne		RTHPLACE (STATE OR FOREIGN COUNTRY) Manyland	76 CITIZEN OF WHAT COUN	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	EL COUNTY	MD.
11 54		SLEN BURNIE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE NORTH ARU)	STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FORMOST OF	F WORKING LIFE) INDUSTR	OF BUSINESS OR
filled in ould be	13a. S	AL RESIDENCE (IF NURSING HOME OF NATE 136 COUR		BEFORE ADMISSIONI TOWN Burnie	13d. INSIDE CITY LIMITS? YES NO 🔯	130. STREET APPRESS	Furnace Dri	ve
ond 2 st	14 FA	Stanley	MIDDLE LAS	ovak	15. MOTHER'S MAIDEN NA	ME		stoff
s. Pages 1		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (1F YES, GIV	MED FORCES? 166 SOCIAL 217-3	0-3413	Mildred R.	Novak ADDRE	Same as #13	
n signed by the attending p Then please remove corbon, r to buriol, cremation, ar rem injury, or ather troumatic eve	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT O	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	SEOUENCE OF		INAL DISEASE OR CONE	DITION GIVEN IN PART	Ita
er this certificate has been s the burial-transit permit. I cond Mental Hygiene prior ked or frem 18 shows any in	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSI YES [	DINGS USED ES OF DEATH?
burial-transit per Mental Hygiene or frem 18 shows		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES		DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM TB. PART 1 OR PART 2)	
s the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
AL DIRECTOR: Afeteched for use a stee Dept. of Health	All control	22a.1 certify that (1) (this haspi sow the deceased alive an abave, (1) (molecular (did no 22b. SIGNATURE	F-13	19 12,01	d that in (my) (out) opinion of	death occurred on the do	22t DAT	that (I) (we lost the couses stated
should be deto. with the State LIMPORTANT: #		22d PHYSICIAN'S NAME (1YPE O	NICK, M.D.		22e. ADDRESS 205 BALTIMON	GLEN BURN	IE. MARYLAN	
P		URIAL, CREMATION, REMOVAL SPECIFY)  Burial UNERAL DIRECTOR	5/5/1982	Glen He	EMETERY OR CREMATORY  IVEN Mem. PR.	23d LOCATION Gen Burn E REC'D. BY REGISTRAN	ie, A.A. (	) MSJATE
H - 16 50M 1/B1 VRA 15, 4)		Cully Funeral	Home 237 E.	Patapso	6166)	Y 7 1982	panes	Tarrow

THE THE PERSON OF THE PERSON O 27/1/0 - F. 1975 Statement of the second of the Maries \_\_\_\_\_ and a first first for the first fir Attended to the second of the 

MD.

MARYLAND 21201

DIVISION OF VITAL RECORDS, 201



_		ATE GISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	E.D
	PECEAS YPE OR PR	SED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	18
10	EX	JOHN	THOMAS I4 RACE	O"LEARY JR.	MAY 23, 1982	1:
8	4.	ale	White	5. DATE OF BIRTH  MONTH DAY  June 22, 1916		FUNDER I YEAR IF UNDE
35	COUN	Md.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF COUNTY OF ANNE ARUNDEL COU	
54 0	GLEN		"NORTH ARUNDEL		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSIN INDUSTRY EXXON
25	Mo	1. Anne	A rundel Pasadena	YES NO P	13e STREET APDRESS 7811 West Shore	Rd. 21122
- Koul		-		1s. MOTHER'S MAIDEN NA any Sn. Gentrud	e MIDDLE	Meyer
	IYES N	DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 214-16-9	17. INFORMANT 15. Jane O"Leany	s , Same as 13	APPROXIMATE BUTE
her traumatic event,	Co	PART I. DEATH WAS CAUSE	TE CAUSE (III)	endeal infance	fin	BETWEEN ONS AND
8 shaws ony injury, or o	PAR		non	DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USE
Shows ERTIFIC	210	ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO YES	
	210		HOUR AM MONTH DA	AV VEAD	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	TIOR PART 2)
rked or Item 18 s	OR (	CONTRIBUTING CAUSE OF DEA EITHER, NOTIFY MEDICAL EXAMINE IN JURY OCCURRED		19 21f. LOCATION	CITY OR TOWN	
	21d WH AT W	CONTRIBUTING CAUSE OF DE.  EITHER NOTIFY MEDICAL EXAMINET INJURY OCCURRED  THE NOTIFY MALE AT WORK  Sow the deceosed alive on above, (1) (was) (444) (did no bove, (1) 444) (did no bov	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 2H. LOCATION STREET  Cot 10 , 19 49  82 , and that in (my) Lower opinion	city or fown	COUNTY Sthot (I)
If Item 21 is morked or Item 1	21d WH AT W 22a.	CONTRIBUTING CAUSE OF DE.  EITHER NOTIFY MEDICAL EXAMINED  INJURY OCCURRED  ORE NOT WHILE  I certify that (1) (this hasp saw the deceased alive on above, (1) (was idled (did no SIGNATURE	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F  and ottended the deceased from 19 11 view the body ofter death.	211. LOCATION SIREET  211. LOCATION SIREET  212. ond that in (my) Lourt opinion  DEGREE  ATTENDING PHYSICIAN	city or town  7 to 7 May 23 Is death accurred on the date and hour of MEDICAL STAFF DIRECTOR   PHYSICIAN	COUNTY Sthat (I) (
MPORTANI; If Item 21 is morked or Item 1	21d WHAT W 22a. 22b. 22d.	CONTRIBUTING CAUSE OF DE.  EITHER NOTIFY MEDICAL EXAMINET INJURY OCCURRED  THE NOTIFY MALE AT WORK  Sow the deceosed alive on above, (1) (was) (444) (did no bove, (1) 444) (did no bov	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F  and office of the deceased from 19  11 view the body after death.  REPRINT)  GHLIN, M.D.	211. LOCATION SIREE  211. LOCATION SIREE  322., and that in (my) Louet opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS 3708	city or town  7 to 7 May 23 Is death accurred on the date and hour of th	COUNTY  That (I) (

	1811 (81 12 )		1970(31)		
				n electric	
	DOO JETOWA 774A	*			
		William (	ARTEST N		
	BONG MAN YET Y				
THOUSE T		en et	rio-We		
	the sure and consequence				

Charles L. STEVENS Funcion Home, Inc. 1501 E. FORT Age

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

			DI LESTERA MERO		
			with the state	mark American	
	4				
Sime	1 1600 Career	Current Z.256		74	
	37 100 12 19 20				

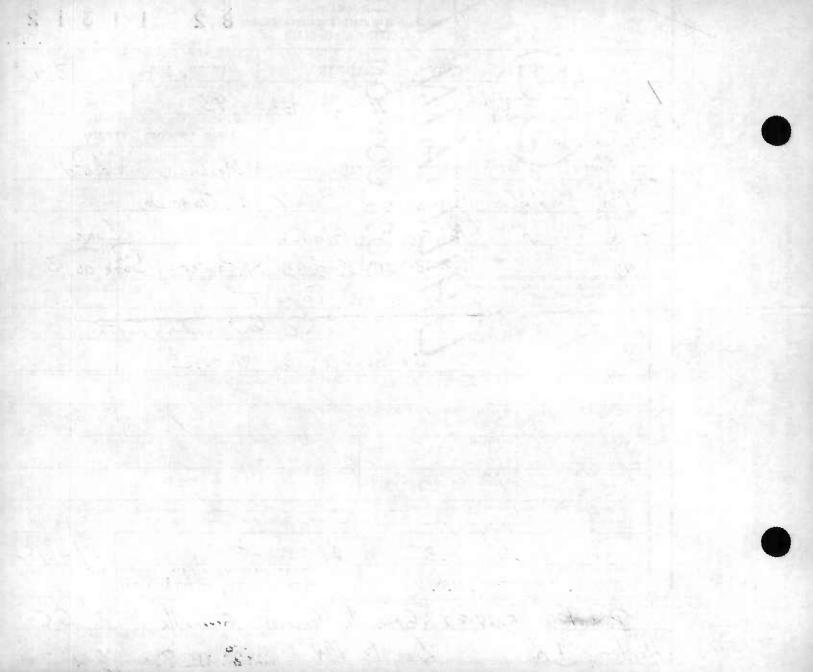
h. P.	ol di 2 ho	000
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Per retained by the hospital or ottending physician:	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 has with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
aurs aft	in by the	The same
n 24 h	filled hould b	1
hiw pa	apletely and 2 s	Coming
execute	ond cor	edicol
ote be	pers. P	the m
certific	rbonpa r remov	ic even
deoth	ove co	гоитор
not the	by the sse rem l, cremo	other t
jurres 1	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove corbanapper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	lury, or
ow red	rmit. The	ony in
l: The l	ote hos	Shows
SICIAN ng phy	certific iriol-tro entol H	Item 18
G PHY	er this the bu	ked or
ENDIN ol or	DR: Aft	is mor
N ATT	thed for	Item 2
off AL C	ERAL D e detoc Store D	- TZ-
TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.	D FUN	PORT
D e	T de 3	≥

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MAKTLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2 1	1 3	11
		CEASED NAME	FIRST		MIDOLE		AST	REG. NO.	DAY YEAR	EDT 126 HOUR
1	WYPE	E OR PRINT)	RANCI	s J	OSEPH	0	STROWSKI	MAY 30, 1982	2	2:25 PM
	3. SE			4. RACE		S. DATE C	OAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS. HOURS MIN.
		Male	OBLICH	White	WHAT COUNTRY?	Feb		45 YRS.		
5		aryland	OKEIGN	U.S.A		MARRIE	DIVORCED D	BALTIMORE CITY OR COUNT		MD.
-	10 CITY OR TOWN OF DEATH 11. NAME OF			HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACHTY, GIVE STREET AGORESS)  ARUNDEL HOSPITAL		ANNE ARUNDEL COUNTY  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor D.M.V.				
4	GLEN BURNIE NORTH									
5	13a. S	AL RESIDENCE LIF NURSI STATE VID.	13b. COUI	OTHER INSTITUTION	Pasade	N	13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 220 Carroll	Rd .	
0		ATHER'S NAME FIRST		WIOOFE	LAST		15 MOTHER'S MAIDEN NAM	MIOOLE	IA.	ST
4		Theodore			strowsk		Josephi		Patusz	zek
		WAS DECEASED EVER YES NO OR UNKNOWN) YES	LIF YES, GI	rewar or oates)	219-26-		Carlene Os	trowski 220 C	arroll	L Rd.
	NO	Conditions, if any, gove rise to imm cause (a), stating underlying cause  PART 2. OTHER SIGN	(c)	r as a conseque	NCE OF	ENCRETIC CAN	ICET  INAL DISEASE OR CONDITION GI		month	
2	CERTIFICATION	190. DATE OF OPERATION		. 196 CONDITION FOR WHICH OPERA		OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDING THE CERTIFYING CAUSES O		NGS USED S OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		HOUR A.M. MONTH DAY		YEAR 19		RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	ILE 🗍	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a. I certify that (I) sow the decease obave, (I) (we) (d	d olive on	5-29	19.8		/ //	, to <u>5 - 29</u> leoth accurred on the date and ha	ur and from the	
		V	y	3 1	3m,		ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE	SIGNED
1		LONG S. H					7845 OAKWOOD	RD. # 104, GLEN	ARYLAND BURNIE	
		Burial, CREMATION, P					emetery or Crematory ridge Mem Pl	23d. LOCATION CITY OR TOWN	Howard	STATE
	2ªGFU GFU	INERAL DIRECTOR	Gonc		001 Rito	chie	TIAA'A .	REC'D. BY REGISTRARIZS REGIS	Sant	Veither

8 2 1 1 4 1 1 Yes Linear to the outstandard Reservation of the servate of the se 100 8 1812 The Photos MESSES . BO . OF LET



PARKERIASI ELIZABETH SMITH 1040 Bayard Rd. Lothian, Md. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) STATE ond that in (my) four opinion death occurred on the date and hour and from the causes stated BURIAL 5-17-1982 Lothian A. A. Maryland ADAMS CHURCH CEME. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Annapolis. Md. WILLIAM REESE & SONS MORTUARY, PA.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

26 HOUR

126. KIND OF BUSINESS OR

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR 1 - STATE

REGISTRAR

real and or with the second control of the		
Son Description	ALICA A	and and all
	H. 1	Se pure
and the first time of the first		
A. Well and the second		

	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	EDT
		CEASED NAME FIRST	MIDOLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 2b. HOUR
e Pe	(TYP	ROBE	ERT Ambros	e PAUL	MAY 11.	1982 5:1
è (M)	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER:
4 711		Malo	White	Oct. 17. 1909	72	MONTHS DAYS HOURS
Pog	To. B	IRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTR	Y? 8	9. BALTIMORE CITY OR COUNT	Y OF DEATH
oth.	4	Md.	11 S A	MARRIED   NEVER MARRIED		
ep	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED DIVORCED	ANNE ARUNDEL	I28. KIND OF BUSINE
of 10 304	1	I DU DUDNITO	(IF NOT IN SUCH FACILITY, GIVE STR		Taint Maker	IFE) INDUSTRY
5 0 du	USU	LEN BURNIE AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEF	NDEL HOSPITAL ORE ADMISSION)		Paint (o.
filled hould				Surrie YES - NO X	2102 Eastway 2	n Burnie 21061
with d 2 s	14. E	ATHER'S NAME	AMIOOLE CAST	15. MOTHER'S MAIDEN NA	WE OWIDDIE	LAST
P	1	Edgan	Nathan Pau	Lon Lucy	Belle	Lilley
on ond con Poges		NAS DECÉASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166. SOCIAL SE SIVE WAR OR DATES? 216-07-	17 INFORMANT Sandra Rosa	t 2510 220th S	t. Pasadena,
ote l sicio opersi vol. t, the		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b),	and (c).)		APPROXIMATE INTER
ph)		PART I. DEATH WAS CAUS	ATE CAUSE (a) Rem	al failure		486
ding orbo		4412	DUE TO, OR AS A CONSEG	UENCE OF	,	
deot ove c fion,		Conditions, if ony, which	4.1	marga 5	hock!	3 de
d by the leose remiol, crems		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	WENCE OF Abdom.	al A-tic An	3.
equires n signed Then pl to buri	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART 1(0
bee mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YE	S, WERE FINDINGS USED
on. hos hos per ene ene	Ĭ	5/09/82	Puntared.	Anzmism		FYING CAUSES OF DEAT
ronsicote ronsicote Hygical Hygical	18	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
		OR CONTRIBUTING CAUSE OF O		DAY YEAR		
PHYSICIA physicial physici	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	677 OR 10101	COUNTY S
G Pure the ond ond ked	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM ETC ) STREET	CITY OR TOWN	COUNTY
Z + 0 + 6	1		pital) attended the deceased from	5/9 19 8	210 5/11	1987, that (1) (v
D Se A		sow the deceased alive a	0 5/11 19	Zond that in (my) (aur) opinion		ur and from the couses sta
TENDI or TOR: A for use of Healt		above (I) ( -) ( P.D ( I I )				
R ATTENDI hospitol or RECTOR: A red for use ipt. of Healt em 21 is mo		abave, (I) (we) (did) (did n 22b. SIGNATURE	iai) view the body oner death.	DEGREE		22c. DATE SIGNED
t OR ATTENDIN the hospital or t DIRECTOR: A: troched for use e Dept. of Healt : If hem 21 is mo		abave, (1) (we) (did) (did r	To See 1	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
E 9 4 -		abave, (1) (we) (did) (did r	ne Hade	ATTENDING PHYSICIAN	DIRECTOR   PHYSICIAN	22c DATE SIGNED
		obove, (h (we) (did) (did n 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	ORPRINT) Header	ATTENDING PHYSICIAN [	EMPIRE TOWERS	5/11/8
- f - f - i	230	obove, (h (we) (did) (did r 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE CONSTANTINE	J. PADUSSIS, M.	ATTENDING PHYSICIAN [ 270 ADDRESS 500  D. GLEN	DORECTOR DHYSICIAN DEMPIRE TOWERS BURNIE, MARYLAN	5/11/8
- L	23a.	obove, (I) (we) (did) (did r 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE CONSTANTINE BURIAL, CREMATION, REMOVA (SPECIFY)	J. PADUSSIS, M. kt. 23b. DATE 23	ATTENDING PHYSICIAN [ 220 ADDRESS 500  D. GLEN C NAME OF CEMETERY OR CREMATORY	EMPIRE TOWERS BURNIE, MARYLAN  134 LOCATION	5/11/8
	L	obove, (h (we) (did) (did r 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE CONSTANTINE	J. PADUSSIS, M.  23b. DATE  5/13,1982	D. ATTENDING PHYSICIAN PHYSICIAN STORM ADDRESS 500 GLEN GLEN PROCESS IN	EMPIRE TOWERS  BURNIE, MARYLAN    13d. LOCATION   CITY OR TOWN     Catonsville	5-/-1/s D 21061

. T. T. THE SEC OF YAR THE THE THE SECOND SEC YEAR THE COURT AND A COURT COURT AND THE REPORT OF THE PROPERTY OF THE STREET HOLD . The second of th Lossial purpose and and and and and The state of the s parties 100, 1 - The market market and market a factor was a second we fulfige at remarks a feet for the 20 th

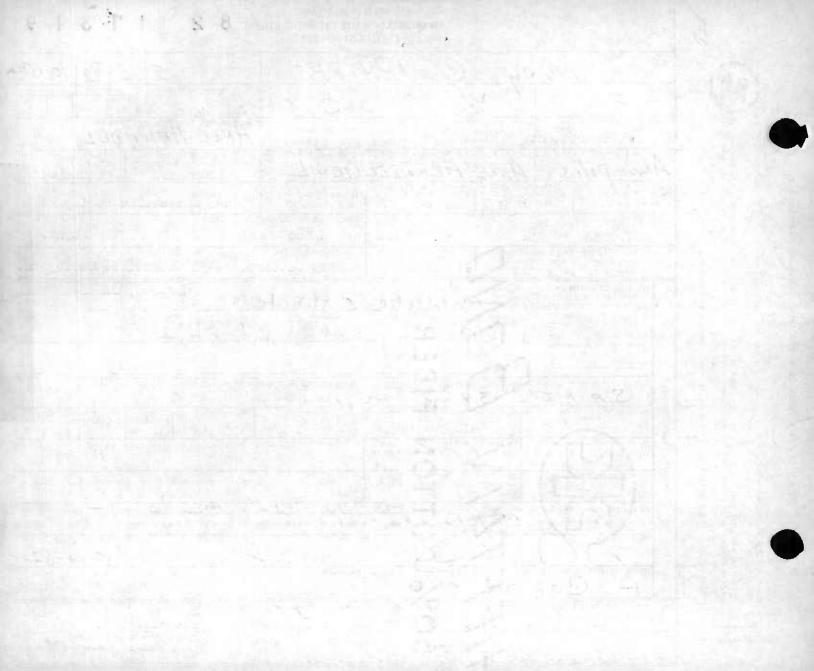
arvitant material and a superior of the superi DATE H. CHILAGE DESIGNATION OF THEE SCHANTON, PR. PL W.S. IVE AG. WOWAZH BELIEV T.M. SAME A. HAR, M.L. Wholeson, Trible West, in saudington . A

0 1 6 1 1 5 8 And the same of th And the second of the second s Second - Salah Salah Salah The state of the s THE THE PARTY OF T Mark the comment of t Paragraph of the state of the s

- mar been 4 man and and 2 1 1 5 1 1 EREAT I "eras O. Paride , Mil" - mritora (ve.)

open elder migliggister for Standards. Den men , litteline

S. M. C. S. S. S. arcan agree and the pain with the The bost of the transfer of the second of the second A commence of the Free will be with the think and the second of the second o was a market and a second of the second The Tools Les promot Exclaraplete - Boylete E-1- Complete Summer Colonial - 4 Note the plant is the court of the party of The state of the s TO BE CONTRACTOR OF THE PROPERTY OF THE PROPER



tor, page 3 ofter death

within 24 hours after death. Page

executed

requires that

etained by the haspital or attending physicia TO HOSPITAL OR ATTENDING PHYSICIAN:

8	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	NO.	F3	2 0
		CEASED NAME FIRST EOR PRINT)	PAPLE RACE	ton P	)LK DE BIRTH	20 DATE OF DEATH	5 31	82	TAM
63		F	W	MONTH 12		65			HOURS MIN.
0		910.5.4	L. CITIZEN OF WHAT COUN	MARRIE		BALTIMORE CITY	OR COUNTY O	FDEATH	MD.
5	A	NNAPOLIS	ARUNDE	L G	ENERAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOS SECRE-T	TOF WORKINGELIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
33	130. 5	AL RESIDENCE (IF NURSING HOME OR C STATE 13b COUNT A. P.			13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	NOAK	S.DK	WEST
2C	14. FA	ATHER'S NAME  FIRST  FIRST  ATHER'S NAME	A. APPLE	TON	MOTHER'S MAIDEN NA	AME MIDDLE	=, 50	174	ER.
medical	16a V		ED FORCES? 166 SOCIAL WAR OR DATES)	SECURITY NO.	17 INFORMANT	POLK -/	RESS 13E 19	BOV	三了
event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: Dr	nchog	inic canon	noma.			MOS.
her traumatic		Conditions, if ony, which gave rise to immediate cause to, stating the	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS						
ry, or of		underlying cause last PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CO	ndition given	IN PART 1(a	
nlu w	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	Tanh IF YES V	VERE FINDING	S LISED
o swor	TIFIC			THE TOTAL PROPERTY OF	d.	YES NO	IN CERTIFY IN	G CAUSES O	F DEATH?
lea 18 su		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED PENTER NATURE OF IN	JURY IN ITEM 18 PART	I OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC ]	21f LOCATION STREET	CITY OR	LOUNN	COUNTY	STATE
S 12 15 m		If certify that (1) (this haspite taw the declared alive on _ about (1) (we) (did) (did not)	25/30		nd that in (my) (aur) opinion	death accurred on the	date and hour a		ot (I) (we) lost uses stated
H Hen		THE SIGNATURE	sho. 1 2	- 0	DEGREE	A MEDICAL ST	AFF	221. DATE/SI	GNED

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT

230 BURIAL

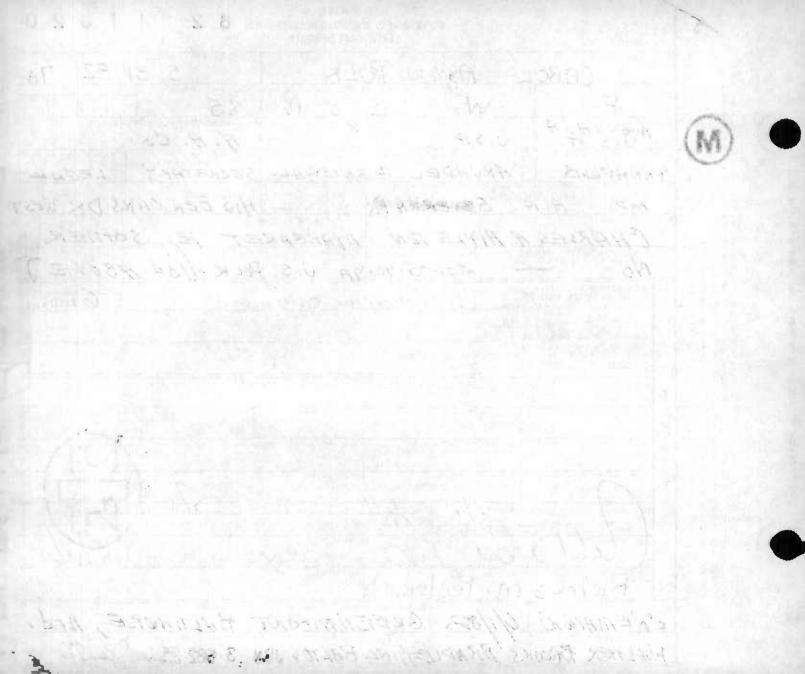
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filling in should be detached for use as the burial-transit permit. Then please remove carbonopaers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

25b. REGISTRAR'S SIGNATURE 3

22e ADDRESS

CEMETERY OR CREMATORY

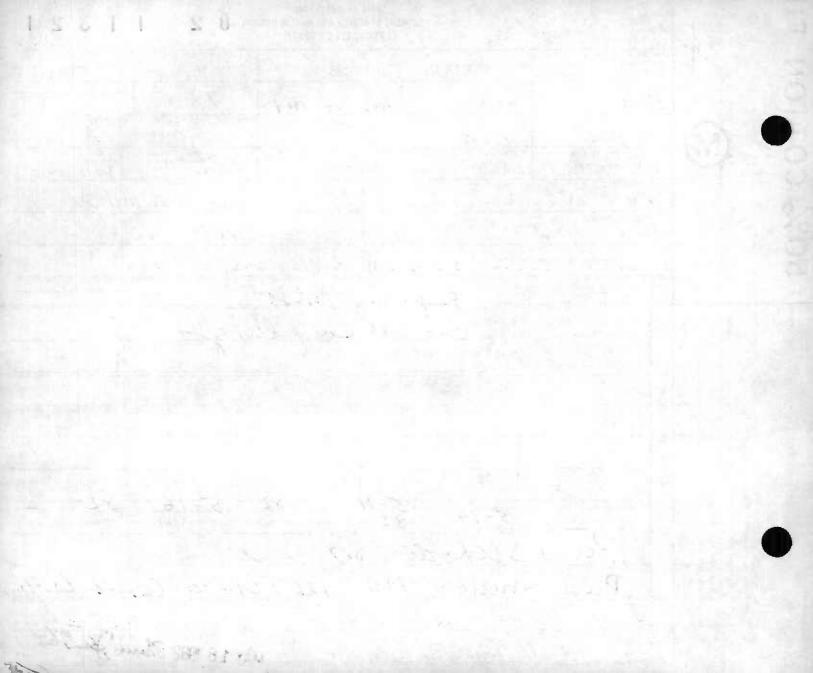
23d. LOCATION



PRESTON ST

201

DIVISION OF VITAL RECORDS,



BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

5 5 1 15 5 0 0				
5 31 52 12	KENGLET		914	100
	1201			
action of the participation of				
. 20 mod we delete Green			7 Burn	
A THE STATE OF THE PARTY.				i savi bat
HALTIST TOTAL	Leavely short	and or		
THE POST CAMPAINS	HE SHOWING			
			to res	mp.
		74		
				grad- I
E (go fase)				
HER CONTRACTOR LINE			7	

Annapolis, Md.

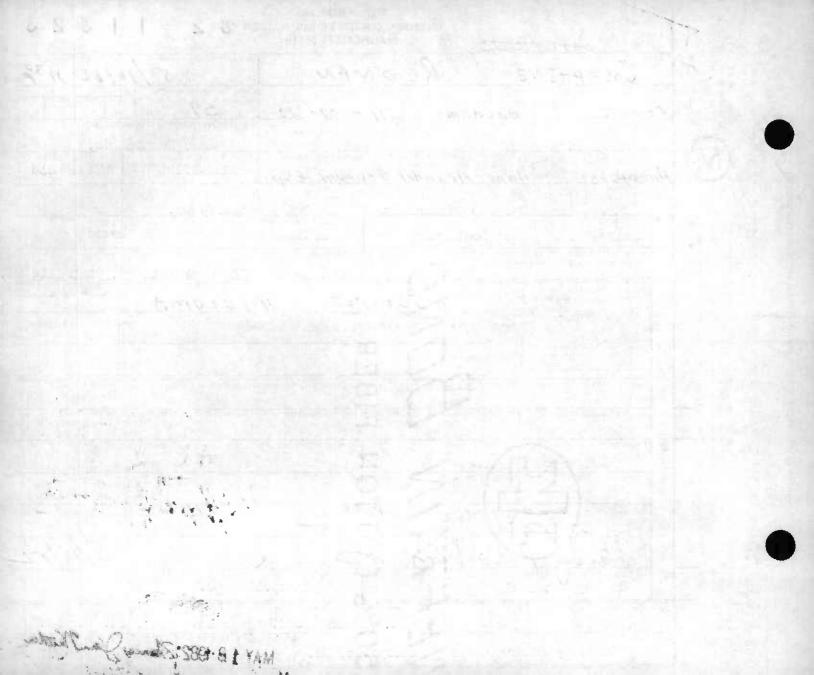
NAME Hardesty Funeral Home

(VRA 15, 4)

FOR

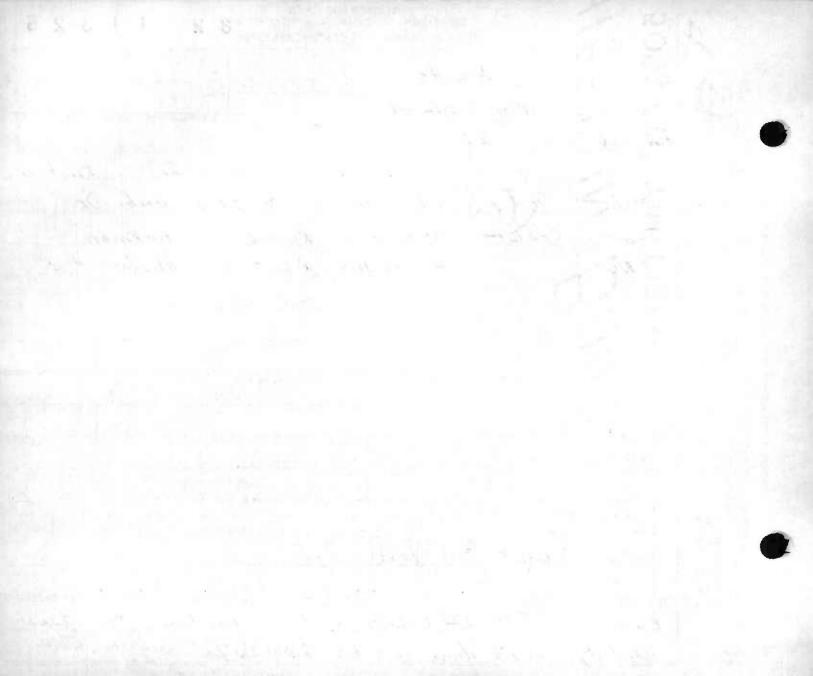
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



The state of the parties of the state of the WHI THE BUTTON OF THE PERSON WHEN den Harman Paracece Research ALL CLEVES TRESET I LEMMAT - INVE ENGLISH STORY OF THE STORY OF THE STORY The Committee of the work of the second of the second

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 82 19 IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED :20 DEAD Female White 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TENN DIVORCED WIDOWED [ Anne Arundel County 120, USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY TechNICIA Annapolis Arundel 13o. STATE 13e STREET ADDRESS 3304 (YES, NO. OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PRIMIT OF HEALTH AND MENTAL HYGERE D RIAL CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of head (handgun) IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) INER: THIS CONTROLL THE WASHING THE WEET FORWARDED TO THE CHIEF MEET FORE 3 SHOULD BE USED AS THO THE STATE DEPARTMENT OF HEAL OF THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE STATE DEPARTMENT OF THE STATE ST 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KM MONTH DAY YEAR UNDERLYING TO CONTRIBUTING CAUSE OF DEATH 5-8-19 82 Self-inflicted TE PLACE OF INJURY (AT HOME 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK 3304 Glebe Dr. Edgewater Anne Arundel Md. home Autopsy K 220. I certify that I took charge of the remains described above, held an Suicide X deoth resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Margarita A. Korell, M.D. (TYPE OR PRINT) CO. BP 24 FUNERAL DIRECTOR DHMH - T7 (VR A 15 ME (5) T5M 2/80



8 10	1	FOR STATE REGISTRAR	DEPART	_	HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	1 1 3	2 6 EDT
* w #		CEASED NAME FIRST	WIDDIE ,		LAST	20 DATE OF DEATH MONT		26 HOUR P
4 moy be	2.05	JOSEPI		_	IGGIN	MAY 17,		7:35 M
By war and a second	3. SE	Male	White	MONT	ember 4 1926	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
rol di 72 ho		COUNTRY	CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVERMARRIED	9 BALTIMORE CITY OR CO		
deo		Baltimore, MD	USA  1. NAME OF HOSPITAL, NURSIN	WIDOW		ANNE ARUN		- 1110
by the filed with hoster		GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUN	ADDRESS)		TYPE OF WORK FOR MOST OF WORL	KING LIFE) INDUSTRY	d Indus.
filled in nauld be	13a	AL RESIDENCE (IF NURSING HOME OR OI STATE 136 COUNTY Lryland AA		N	134 INSIDE CITY LIMITS?	305 Fourth A	venue, S.	E.
mpletely and 2 sl	14 F.	ATHER'S NAME FIRST MILL  John	Riggin		Rosina	WIDDIE	Terre	1
+ 0-		VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECL	IRITY NO	17 INFORMANT	ADDRESS	1011	
ian and c		YES, NO OR UNKNOWN) (IF YES, GIVE V	I 219-16-0		Pauline H. F	Riggin, Same a		
physic pape noval ent, tl		PART I. DEATH WAS CAUSED		Do e		C. V	BETWEEN	MATE INTERVAL ONSET AND DEATH
h cert ding arbor ar rer		1629 IMMEDIATE	DUE TO, OR AS A CONSEQUI	NCE OF	11127	Carciar		
deot		Conditions, if ony, which	(b)	INCE OF	Ca of	Lucy		
by the cose remain, cremain to the tr		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF	c'me	大大人		
signed Then ple ta burio	NO	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITIO	N GIVEN IN PART 100	)
ician.  ite has been asit permit. I grene priar shaws any it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDIN CERTIFYING CAUSES YES T	IGS USED OF DEATH?
certificate certificate vial-transitiental Hygi Item 18 shi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	EM 18 PART 1 OR PART 2)	
i wa wa	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	,,,	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DR: After the use os the Health one is morked		22a I certify that (1) (this haspital		6	15 1982		. 19.2	
RECTC ed for pt. of em 21		sow the deceased alive on obove, (I) (we) (did) (did not) v	view the body ofter death.		nd that in (my) (our) opinion ( DEGREE	death accurred on the date on	d hour and fram the	
RAL DIF detoch tote De		1/	Lace	u	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN		SIGINED
etained by TO FUNERA should be di with the Sto		22d. PHYSICIAN'S NAME (TYPE OR PI				S. Camp Mea		
TO FUN should be with the IMPORT.	22		EREN, M.D.	11112 ==		hicum, Md.	21090	
3P		SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	ACAUNTY	Marylan
- 16 50M 1/B1	24. FI	Burial	May 20,1982 G16	en na	ven Mein. Park	Glen Burnie,		maryian
(A 15, 4)	j	ames S. Kirkley,	Glen Burnîe, I	MD		4Y 19 1987 A	ane Jan	last for

JOSEFA . NI JOIN . INV 17, 1 82 7:35 E. 529 S. Comp Mesde Rong Ad Lintides, Md. 21092 MY LUTER 22 - Que 22 -

23	Item 18b G567 FOR 1- STATE REGISTRAR	D	STAT EPARTMENT OF F DICAL EXAMIN		D MENTAL HY		REG. NO.	3 2	7
	1. DECEASED NAME (TYPE OR PRINT)	reddie A	llen	Rinke	er	20. DATE KN OF E DEATH M.	511.		26 HOUR
4)	sex 4. RACE	5. DATE OF BIRTH		RS IF UNDER 1		A HRS. 20 DATE MIN. PRONOUNCE DE AD	MÓNTH	H DAY YEAR	2d HOUR 7:40
を と と	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WH	AT COUNTRY?	1	NEVER MARRIE	D L	E CITY OR COU		la. M
NOWWAL RECORDS, 201 W	Ft. Meade	11. NAME OF HOSP	ITAL, NURSING HOME, ILITY, GIVE STREET ADDRESS)	OR OTHER INS	STITUTION	120. USUAL OCCUPAT FOR MOST OF WORKING Truck Dr	ION (TYPE OF WORL	R 126 KIND OF BU OR INDUST	
23	Virginia ,	or pome or other institution, givi COUNTY Shenandoah	ERESIDENCE BEFORE ADMISSION 130. CITY OR TOWN Edinburg	13d. IN YES	D NO D	13e STREET ADDRESS Route 3		,	
16	14. FATHER'S NAME FIRST James	MIDDLE	Rinker		OTHER'S MAIDEN FIRST Trilby			Hawkins	
3	No.	YES, GIVE WAR OR DATES)	227-50-84		ranklin	Rinker, br		t.2,Box dinburg,	Va.
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES A SHOUR BATTER DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION (BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	PARTIDEATH WAS	which mediate (b) SP	ontaneous  As a consequence constituted and As a consequence conse	eurysm			7	BETWEEN ONSE	T AND DEATH
CREMATI		ONOITIONS CONTRIBUTING TO DEATH B	WALKET SEE			T 1 rai.			
URIAL	196 DATE OF OPERATION		ON FOR WHICH OPERA					20 AUTOPSY	? NO 🗆
PARTMEN RIOR TO B	190 DATE OF OPERATION  210 EXTERNAL CAUSE  UNDERLYING OCH CONTRIBUTING CAI  211d. INJURY OCCURRED  WHILE NOT WE	HOUR A.M. USE OF DEATH P.M.	MONTH DAY YEAR  19 FINJURY (ATHOME.			ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR	PART 2)	
	WHILE NOT WE AT WORK AT WORK	HILE STREET, FACTO	DRY, FARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE
ORE, INDA LOUIS	death resulted from:  ACTUAL SIGNATURE	Natural causes XX,		TIT	Homicide TLE (SPECIFY) Assistan		ER DAT	rε 5-Λ-8	32
TO FUN AFTER D BALTIM	EXAMINER'S NAME (TYPE OR PRINT)	Virginia L. D	23c. NAME OF CEN	ADDRI	E22	Penn Stre		OUNTY SI	TATE
17	Burial 24 FUNERAL DIRECTOR  JAME  JAME	5-7-82 Yb. H ADORESS/	Mt. Ja	ckson C	Cemetery 250. DATE RE	Mt.Ja	ckson.S.	hen. Va	
ME (5)) /80	Mary W.	rought si	Miseralla	1141.	34/1	1 1 1982	Money	7	_

Late of Digital Transfer Lates 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE A STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME LAST 2n DATE OF DEATH (TYPE OR PRINT) ALFRED NORMAN SADAKA, SR. MAY 06, 1982 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Male White Nov. 3, 1915 66 TO BIRTHPLACE LISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR GOUNTY OF DEATH** MARRIED A NEVER MARRIED ANNE ARUNDEL COUNTY U.S.A. New York DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Self-GLEN BURNIE Restaurant **Employed** MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3ª STATE 301 Ridgley Road Glen Burnie 13d INSIDE CITY LIMITS? A.A. Co. Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Abraham Ade1e Zraick Namy Sadaka ADDRESS 457 Longtowne Ct. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Son) (YES, NO OR UNKNOWN) Mr. Raymond A. Sadaka, Glen Burnie 081/09/457 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. W. PRESTON ST., Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 d CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a ON FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED per IN CERTIFYING CAUSES OF DEATH? NO ial-transit 218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 21e PLACE OF INJURY 211 LOCATION orked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 ceftify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING ! PHYSICIAN DIRECTOR PHYSICIAN with the Sto 22e. ADDRESS HOSPITAL DRIVE P HILARY O'HERLIHY, M.D. 2106 BURNIE MARYLAND 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 8'May 82 Buria! Glen Haven Mem.Pk. Glen Burnie. Glen Burnie, DHMH - 16 50M 1/81 (VRA 15, 4) Singleton Funeral Home MD.

TE SEE THE SECOND SECTION And the second of the second o 进行工业公司 新华 车 

DHMH - 16 50M 1/B1 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 1 3

	1 -	REGISTRAR	13. 6		CERTII	ICATE OF D	EATH	REG.	NO.				
		OR PRINT)  JOSEPH		MIDDLE	S	CHALLER		20 DATE OF DEATH	монтн 05	10	YEAR 82	26 HOU 203	
	3. SEX	FEMALE	4 RACE CAUC		5. DATE (		YEA 02	6. AGE (IN YEARS LAST)	BIRTHDAY)	MONTHS	R I YEAR	IF UNDER	24 HRS MIN
1	MA	RTHPLACE (STATE OR FOREIGN OUNTRY)	UNITE	O STATES	WIDOWI		ORCED	9. BALTIMORE CITY ANNE AR			ATH		MD.
	F	T. MEADE	KIMBROU	HOSPITAL, NURSIN HEACHITY GIVE STREET JGH ARMY				126 USUAL OCCUPA	TION FOEWORKING ED	LIFE) 12b.	KIND O	F BUSINE	SSOR
	MAF		ARUNDE	GIVE RESIDENCE BEFORE  13(. CITY OR LOW!  OBENTO		13d. INSIDE CI	NOX	130 STREET ADDRESS	ONY R	IDGE	RD.		
		James		slaus		Susa		WIDDLE		narsl	ka LASI	T	
		/AS DECEASED EVER IN U.S., A ES, NO OR UNKNOWN) { IF YES, G	RMED FORCES?	218 18 4		Jacob		1096 Colon	y Rid				
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY. (TE CAUSE (0)	CARDIOPU	LMONA	RY ARRE	ST			-	APPROXIMETWEEN O	MATE INTER	DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQUE									
	NOI	PART 2 OTHER SIGNIFICANT GRAM NEGATIVE					TO THE TERM	INAL DISEASE OR CO	NDITION G	SIVEN IN I	PART 110	,	
)	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	206 AUTOPSY?	IN CER	YES, WERE	FINDIN	OF DEAT	H?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 11	8 PART I OR	PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATIO	N	CITY OR	NWOI	co	UNTY	5	TATE
		220.1 certify that the (this hasp saw the deceased alive a above, +1) (we) (did) (did in	01 0 May	7 19			, 19 <mark>82</mark> (our) opinian c	ta 10 death accurred an the	May			that (# (v causes sta	re) last
		224 SIGNATURE	D. 3	lip		DEGREE A P		MEDICAL ST DIRECTOR PHYS	AFF ICIAN X	_ /	O MO	SIGNED 44/9	82
		SEPH D. ZEI	LIGS , L	гс, мс		KIMBRO	OUGH AR	MY COMMUNI			AL		
	{ 5	URIAL, CREMATION, REMOVA SPECIFY) Burial	23b. DATE 5/13			emetery or c anislau	S	23d LOCATION CITY OR TOWN Dundall		COUN			TATE
		neral director rdesty Funeral	Home 12	Ridgely	Ave.	Ann. M	d. MA	Y 14 1987	REGIEGI	STR	SIGN 7	all-	•

TALLE SUPPLY DESCRIPTION OF THE STATE OF THE				
AND AND AND AND COLUMN WARTERS OF COLUMN RESERVED.  1 96 COLUMN RESERVED.  2 1 96 COLUMN RESERVED.  2 3 1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		300 - 30	42-2 Gazze 1	
AND THE PROPERTY OF STREET, ST		firenski stretjet 2005. Be	SOA INCOMENTAL	T. HOLDE .TR
ACCOUNT ATTAIN STREET, DIABETES WILLIAM ACCOUNTS WITH THE PARTY OF THE	1 se chaque energia.	2 3 101	ndo unoroso altro	
ACCOUNTENT SUBSTRANCE OF SECURITIES OF SECUR				
ACCOUNT ATTAIN STREET, DIABETES WILLIAM ACCOUNTS WITH THE PARTY OF THE				
			SUBAC TO THE	
			BART SERRE WINE	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		yet out in	
16/10/10 X 10/10/198			1.5 Q. s.	Long

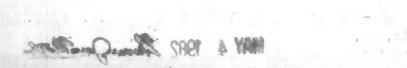
	- 8
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer decreased by the hospital or ottending physician.
0	in .
2	20
2	ž
ž	24
Z	- 5
Z	+
AA	0
<	5
2	o o
2	0
È	-0 0
A	ē
00	0
<u>-</u>	+
Z	9
0	÷
ES	ge
8	9
>	=
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	5
20	un (1)
s)	- 5
2	5
8	3
E E	0
7	e 0
È	Sici
>	AN
0	0 0
Z	YS
S	PH
>	0 =
<u> </u>	Z
	2 -
	TE
	A P
	TO HOSPITAL OR ATTENDING PHYSICIAN, The retoined by the hospitol or ottending physicion.
	the the
	T >
	200
	0 9
	0 0
	T e

					STATE OF MARYLAND	D 0	a ma ma
	1 -	FOR STATE		DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 2	1 3 3 0
	1 DE	REGISTRAR CEASED NAME	FIRST	MIDDLE	LAST	REG. NO.	E.D.T.
ę		OR PRINT!					10.110011
	3 SEX		LORIAN	FLEMING	SCHRODETZKI  5. DATE OF BIRTH	7.	1982 4:15A M
	3 36,	Male	7. 000	White	MONTH DAY YEAR	0.6	ONTHS DATS HOURS MIN.
01	7a. BI	RTHPLACE (STATE OR FO	DREIGN 7h CIT	IZEN OF WHAT COUNTRY?	May 15, 1896	9 BALTIMORE CITY OR COUNTY	DEDEATH
80		Maryland		U.S.A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED	ANNE ARUNDEL	
p		TY OR TOWN OF DEA		AME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
34	GI	EN BURNIE	( tF	NORTH ARUN		Foreman (Ret.)	Produce.
et pe	USU/ 13a. S		IG HOME OR OTHER I	NSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS	Dept.
	M	aryland		Co. Severna	PK · YES   NO X	16 Kimberly C	court
a T	14 FA	THER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	ME	LAST
184		William		Schrodetzk	xi Wilhelmi	ina	Radke
dico		AS DECEASED EVER I	U.S. ARMED FO	R DATES)	(preb-		ne as # 13
еше		No	N/A	220.05.	4770 Mr. Jack	F. Trader	
t,		18 CAUSE OF DEATH	Enter only one	cause per line (or (o), (b), on	diei ///		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve			MMEDIATE CAU	ISE (o)	a arry	<del> </del>	
aotic		1539	D	UE TO, OR AS A CONSEQUE	ENCE OF		3das.
trou		Conditions, if ony,		(p) 216	MA		July .
other		couse (a), stating underlying couse	the D	UE TO, OR AS A SONSPONE	ENCE OF FUT MOLDSILL	//	3.11.
10,	13	PART 2 OTHER SIGN	IFICANT CONDI	TIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OF CONDITION GIVE	N IN PART 110
un lui	NO				0	WALE BOLKSE ON CONDITION ONE	, ( I ( ) ( ) ( )
ony	CERTIFICATION	190 DATE OF OPERAT	ON 19	B CONDITION FOR WHICH	OPERATION WAS PERFORMENT	200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
S Mo	TIFI	5 230	52	arismun	ly Chience	YES NO YES	NO NO
8 0		210 ACCIDENT WAS UNDE		B. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)
Fea	CAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P.M.	19		
do	MEDICAL	21d. INJURY OCCURRE	144	e PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, F	ARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
orke		AT WORK NOT WHILE				- 1.1	
E .2				ended the deceased from _	5 23 19 91	10 to 19	9 7 , that (we) lost
B 2	1	saw the deceased above. All (size) (di 72h SIGN MURE		the body after death		death occurred on the date and hour	
# # #			Wilh	Varmell	DEGREE ATTENDING	MÉDICAL STAFF	22c. DATE SIGNED
Ž-	3	22d. PHYSICIAN'S N	Havel	xevaau	PHYSICIAN D	DIRECTOR   PHYSICIAN	19 27 02
MPORTANI			. OTATI VI SALES LINES.	DOMAID M D	Me ADDRESS 325 1	OSPITAL DRIVE SU	TTE 204
N N	22a D			DONALD, M.D.	GLEN GLEN	BURNIE, MARYLAND	21061
		URIAL, CREMATION, R	- 100		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
_	24 FL	Bur 10	1 /200	1111	oudon Park Cem.	Baltimore,	MD.
1/B1		NAME	4	ral Home	en burnie,	AY 25 1989 2	0.00
		PITTIGIECO	ii rune	Tal Home	MD.	130/ 11444	Adjorthe

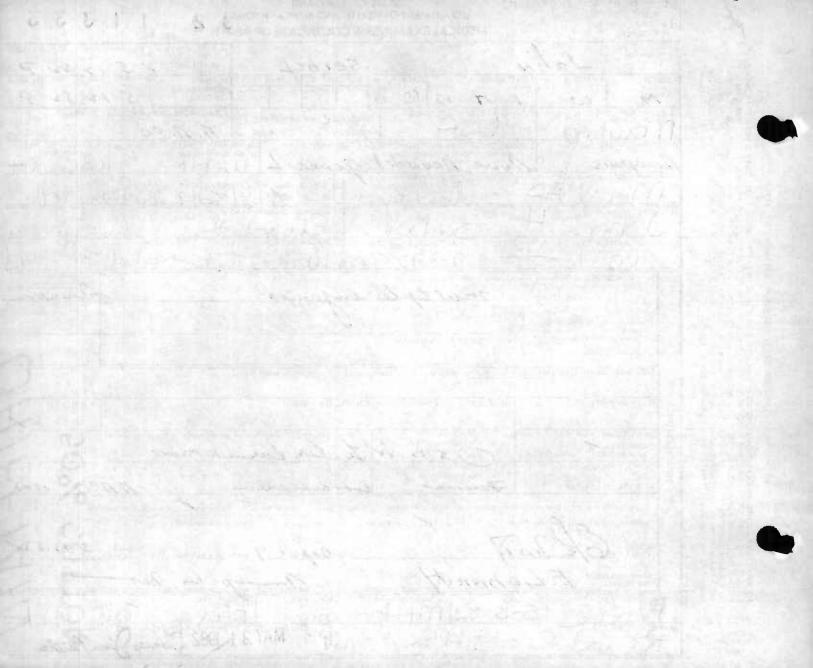
TASTE DOGLE 4 1 1 Casalae labract Full S Superi हिस्सारित देशस्था है ती 5 27-52 bloomided Californ 5-24-82 The second Stranger

Timela average of the state of Survey Commence Court is a second of the Mile Mayon, of the CM to the Mile wall to the comment 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE KNOWN A MONTH 2b. HOUR (TYPE OR PRINT) OF WILSON SCOTT DEATH MATED ALLEN 19 82 2d HOUR 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1957 10 DEAD Black Male 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED | NEVER MARRIED U.S.A. Anne Arundel County WIDOWED DIVORCED HIEF MEDICAL EXAMINER ALONG WITH FORM PAGES 1, 2, AND 3 TO THE USED AS A BURIAL-TRANSIT FRMIT, PAGES 1 AND 2 SHOUD BE FILLD OF HEALTH AND MENTAL HYGENE, DIVISION OF WITALRECORDS, 201 WILL, CREMATION, OR REMOVAL. II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IL CITY OR TOWN OF DEATH Anne Arundel General Hospital Annapolis 13b. COUNTY 13d. INSIDE CITY LIMITS? 1233 Scott Town Road YES [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE DENNIS 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Shadyside, Md. (YES NO OR UNKNOWN) T. SCOTT 1233 Scott Town Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cranio-cervical trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEXAL DIRECTOR, PAGE 3 SHOULD BE USED AFFIRE DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARY LAND, 21201 PRIOR TO BURIAL, YES K 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216, HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR X XXMONTH DAY YEAR UNDERLYING AOR Operator of motorcycle/fixed object impact. CONTRIBUTING CAUSE OF DEATH 5 . 13 P.M. 5-2-21e PLACE OF INJURY (AT HOME, 211. LOCATION 21d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN Anne Arundel Md. Scott Lawn Rd. road Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection and in my opinion Accident X Suicide Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL 5-3-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAM Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c, NAME OF CEMETERY OR CREMATORY STATE DENNIS-GRIFFITH CEMETER SHADY SIDE BURIAL MARYLMND BP 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Annapolis, Md. **DHMH - 17** WILLIAM REESE & SONS MORTUARY, P.A. (VR A15 ME (5)) 15M 2/80



It	em 6 g567 5/28/		4 TA 618
11.	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 3 3
110	REGISTRAR ECEASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	YPE OR PRINT)	OF ESTI-	DAY YEAR 26. HO
2.0	-101	14 Seibel DEATH MATED \$ 5	121982 P
I. SE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR  6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   26. DATE MONTH MONTH DAY YEAR ASI BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d. HO
	BIRTHPLACE (STATE OR		12 82 5
C	BIRTHPLACE (STATE OR COPEIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79. BALTIMORE CITY OR COUN	TY OF DEATH
1	Daylord	WIDOWED DIVORCED A. N. CO	
1	OTY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (19 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
.,	NNOPOLIS	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	US GOURO
130.	TATE 13b. POUT	136. CITY OR TOWN 136. INSIDE CITY LIMITS 139 STREET ADDRESS	0.1
4	Main	My West Must YES NOT 4824 JULI	eying
14. 1	FATHER'S NAME	AST AST AST MOTHER'S MAIDEN NAME MIDDLE	LAST
160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? TIAL SOCIAL SECURITY NO. 17. INFORMANT O ADDRESS	Jayou
100.	YES, NO, OR UNKNOWN) (IF YES, GIVE	RMED FORCES?  166 SOCIAL SECURITY NO. 17. INFORMANT O ADDRESS  E WAR OR DATES)	Seve Ch
H	NO	160-15 2999 HIGHE INCKED SUBST	30.09
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	inly one couse per line for (o), (b), and (c).	BEDMEEN ONSET AND DE
		ATE CAUSE (a) The lipe en enjuries	Blusten
17	Canditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
	gave rise to immediate cause (a) stating the under	e (b)	
	lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS	( c)	1
Z		S CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
FF			YES NO
ERT	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	
		DEATH P.M. 5 12 1988 Tester levinet over	
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (ATHOME, 211. LOCATION	
E	WHILE NOT WHILE THE AT WORK	STREET CITY OR TOWN CO	A.CO ME
,		T F	
-		rge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my as	omion
	death resulted from	urol causes	
	ACTUAL SIGNATURE	TITLE (SPECIFY)  DATE	5-12.52
2	SIGNATURE, S	M.D. MEDICAL EXAMINER SIGNE	D
1	EXAMINER'S NAME (TYPE OR PRINT)	Lubrar V. ADDRESS amopolis, her	
lla.	IAL, CREMATION, REMOVAL	23b. DATE 123r. NAME OF CEMETERY OF CREMATORY 123d LOCATION	
	By No O	5-5-82 Mt Hormany Dunger Cou	0 0
24	HER DIRECTOR	250. DATE REC'D. BY REGISTRAR 256 REGISTRAS'S	SIGNATURE
1 .	Muscht	OPEROT HOME MAI 21 1902 Jisnes	Ren Marther



DHMH - 16 50M 1/81 (VRA 15, 4)

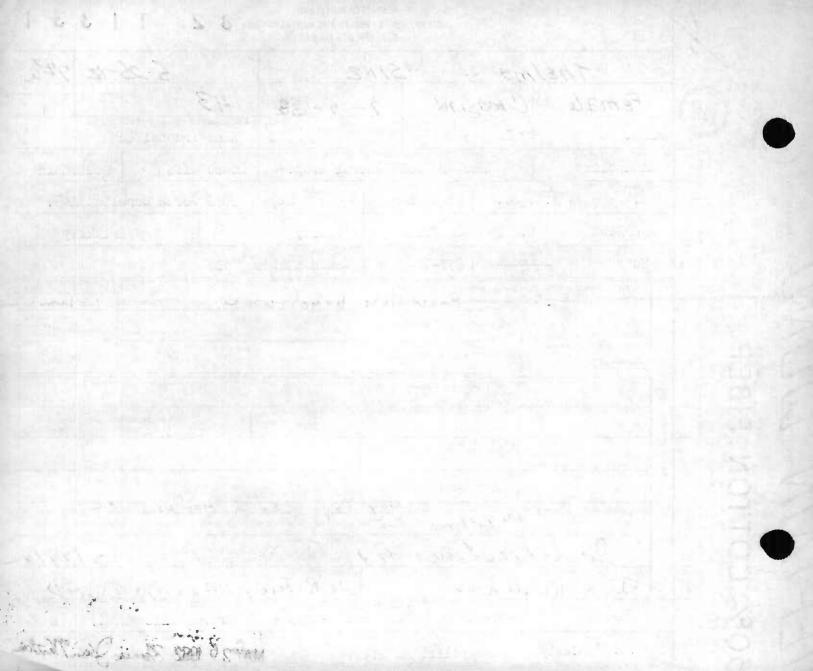
24 FUNERAL DIRECTOR
T.A. Hardesty

FOR STATE

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE	8	2 REG. N	NO.	! !	3	3	4	
VIDDLE	LAST	2a D	ATE O	FDEATH	MONTH	DAY	YEAR	26 HO	UR	-
	5/NZ.				4-	25.	-87	172	-0	

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST OR PRINT) THE	ma J.	<1 A	AST	20 DATE OF DEATH	MONTH DAY	YEAR - O-	25 HOUR
)	3. SEX		RACE CAMOSION  76 CITIZEN OF WHAT COU	S. DATE C	DE BIRTH  - 9 - 38	6 AGE (IN YEARS LAST BIR	YRS	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
1		Sh. DC	USA -	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Anne Aru			M
1	A	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIN Anne Aru	nde1 Gen	eral Hosp.	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST C HOUSE WIF		INDUSTRY	ehold
6	Na N	AL RESIDENCE (IF NURSING HOME OR 136 ACOUNT)		R TOWN Walter		3653 Nor	th Carc	olina .	Ave.
Z	14. FA	Ernëst I	H. Grif	fith	Daisey	WE	F	BrinkÍ	ey
1	16a V	VAS DECEASED EVER IN U.S. AR.		1. SECURITY NO. 52-5054	James E Sine	e 13e	SS		
	NOI	PART 2. OTHER SIGNIFICANT C	D BY: E CAUSE (0)  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	NSEQUENCE OF			DITION GIVEN	(-2	MATE INTERVAL  DINSET AND DEATH
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [		
	MEDICAL CE	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE Sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGN NOT WAS NAME (TYPE O	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, 101) ottended the deceosed (A) 2 y 1) view the body after death.	office, FARM, ETC.)  from May 19 8 2 or	211. HOW INJURY OCCURR  211. LOCATION STREET  2 Y 19 8 4  Ind that in (my) (aur) apinion of DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  20 R 6 6	city or to	wn 19, 19, ste and haur al	rounty  8 2 22c. DATE 5	
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 5-27-82		emetery or Crematory and Veterens	23d. LOCATION Crowns vi		OUNTY	Md STATE

Annapolis, Md 21401



1						STAT	E OF MARYLAND			A 894	
,	1	(h	1-	FOR STATE	DEPART		EALTH AND MENTAL HYG	IENE 8 2		1 3	3 5
				REGISTRAR			ICATE OF DEATH	REG. N	Ю.		
6)	0.4			CEASED NAME FIRST OR PRINT)	WIDDLE	0	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
y b	9.30	6		Claren	ce	on	outh	m	11 1	1982	М
m m	JEN 7	Pal	3. SE		RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BI		FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
960	EKIA.	$\mathcal{F}$		Male	(e) hite	Hor	1 26. 1914	80	YRS.		Mild.
ا م	6.0	7/	7a. Bl	RTHPLACE (STATE OF FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
deot	1 to	10		NC	USA	WIDOW	D DIVORCED	Anne f	rund	lel	MD.
Her	21 3	0 -	10. CI	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
LS O	0 II V	).)	1	Innapolis	Hone Arunda	.1 G	eneral	Retire	1	Dry C	leaning
hou	led in old be	5 7	13a. S	AL RESIDENCE (* NURSING HOME OR O' TATE 13b. COUNT	HER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
n 24	hauld	50		MD A	H. Hnnaps		YES NO		rvie	N Ave	21401
vithi	2 sl	7	14. FA	THER'S NAME	DDIE IAST		15 MOTHER'S MAIDEN NAM	ME			
ted	and one	1		rear 1	7. Smit	h	Mary	A.		Pric	e
recu	Pages 1	,		AS DECEASED EVER IN U.S. ARMI	D FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS S	ame (	as
e e	s. Page			No -	214-05-	1123	Margaret 1	), Smith	10	#13	
ote	hysicio popers aval. int, the			18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), an	id (c).)	0,		,	APPROXI. BETWEEN C	MATE INTERVAL ONSET AND DEATH
rtific	an phy ema			PART I. DEATH WAS CAUSED IMMEDIATE		16/4	monogyt	( Kuk	esme	2	
e e	or r or r		10	2041	DUE TO, OR AS A CONSEQUE	FNCF OF	11/2				
deat	the atter remave ( emation, er traum			Conditions, if any, which	(b)						
the	the remo		1.5	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUI	ENCE OF			III (SVA		
thot	d by leose iot, cr		H	underlying couse last	(c)					20,000	
iires	one pur bur		7	PART 2 OTHER SIGNIFICANT CO	DITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	1' =
reg	The or to		ON	pem/	00// 00	101	noma				
30	s been prior s ony ii	0	CA	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
The	e has sit pe giene hows	1	CERTIFICATI					YES NO	YES		NO 🗆
NA.	ficate h transit p I Hygier 18 shov	a	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	L. MEINS
SICL	rial-t entol		CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
PHY	this ie bu	-	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC I	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ON F	fter that as the arked arked		<	AT WORK NOT WHILE AT WORK						1530	
NO	R: A Leol			22a.1 certify that (I) (this hospital		19	19				tho (we) lost
ATTE	CTO of the		- 50	sow the deceased alive on obove (IP (we) (did) (did not)	view the body after death.	5.2.,01	nd that in (our) opinion o	death occurred on the d	ote and hour	and from the	couses stated
OR o	DIREC oched Dept. If Hem		ΗÚ	27b. SIGNATURE	4/1/		DEGREE			22c. DATE	SIGNED
TAL X	- 0 ÷ t-			(7/90/1/1		1	PHYSICIAN [	MEDICAL STA	IAN 🗌	3-1	12-82
SPI	FUNERAL old be det or the Stote ORTANT:		1	22d. PHYSICIAN'S NAME (TYPE OF P	RINT)		120. ADDRESS	10	1	1	2.
O HO	should be de with the Stot	1		GAMIT	T/16/1		205 Kidge	WHUE. F	NNA	Dolls,	MD.
To	⊬ 20 3 ₹.		23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF C	EMETERY OR CREMA ORY	23d. LOCATION		1 11	14.14
BF	)		R	urial	May 15.1982	Hillo	rest	Annapol	15	AAAn	mis
	- 16 50M 1/B1		24. FL	NERAL DIRECTOR	10	1	MAY!	FEC P. BYCREDISTRAR	THE BEGIN	LANGIERIGNATI	UREZO
(\	'RA 15, 4)		No	ohn M. Taylor	E Sons, HANK	poli:	MD, MI	AT NOT	67,20 - 130 - 131	<b>V</b>	
		- 1	0	SIMILY MANDE	CONS, MINNY	POIL	1111				

The state of the state of the No. 1 Home Francisco State A Land Ntime of the Court No distribution of the second The same and the same of the s 205 Ridicaly whee Sammer tolky PlD. Com SIR summer to the second Invaso School Light & Sons Hilliamiles M.D.

)	1.	FOR - STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		1 3 3 6 E.D.T.
-		CEASED NAME FIRST	Rae	LAST	REG. NO.	DAY YEAR 25 HOUR
pe the	(TYP)	EORPRINT)	TH R.	SMITH	MAY 27	. 1982 3:30
	3. SE	female	white	June 2, 1907	6. AGE (IN YEARS LAST BIRTHDAY) 76	IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MI
Jeath, Pag		IRTHPLACE I STATE OF FOREIGN	76 CITIZEN OF WHAT COUP	MARRIED NEVER MARRIED WIDOWEN DIVORCED	RAITIMORE CITY OR COUNTY	
by the fulled with	G	LEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE	IURSING HOME OR OTHER INSTITUTION STREET ADDRESS) DEL HOSPITAL	120. USUAL OCCUPATION (NOUSEW1:PEORKING LIF	12b. KIND OF BUSINESS
filled in hauld be in		MD 136 AA		EBEFORE ADMISSION)  RTBWN Burnie 13d. INSIDE CITY LIMITS? YES \( \text{VES} \) NOXXX	136648 Whitmore	e Ct. Apt 1
and 2 st	14 F	Harry :	F. Uhlei	15. MOTHER'S MAIDEN N Rachel	WIDDLE	Ensey
n and ca Pages 1	16a V	WAS DECEASED EVER IN U.S. AI YES NO OB UNKNOWN) (IF YES, GI		SECURITY NO. 17 INFORMANT 44/6399 Mr. Char.	ADDRESSCION les E. Smith I	wnsville, M II
requires that the december signed by the attent please remove at tabunal, cremation y injury, ar at her traun	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  Seuero Square	moid Dive	ETHINES ME Patur GIODEATH BUT NOT RELATED TO THE ZER Willicultur & Fish	uta and abso	esyporma
an. has be permit to permit the permit to permit the pe	CERTIFICATION	190 DATE OF OPERATION (	2 Severe	Diverti Entitis	YES NO YE	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
HYSICIAN: Iding phys Is certifico burial-trail Aental Hy ar Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 218 IN JURY OCCURRED	HOUR A.M. MONTH	19 211 LOCATION	RRED (ENTER NATURÉ OF INJURY IN ITEM 18 P	COUNTY STATE
VDING P or after the use os the ealth and	2	WHILE NOT WHILE AT WORK  220 I certify that (†) (this hosp sow the deceased division of the solution)		rom April 1, 19 82	to May 27,	19.82, that (I) (we) I
AL OR ATTEN the hospital AL DIRECTOR etached far u te Dept. af H		obove, (l) (we) (d) Tididay 27h SIGNATURI	Defeat Po	DEGREE ATTENDING	MEDICAL STAFF	220. DATE SIGNED 5-27-
D HOSPITAL Cotained by the D FUNERAL D hould be detactivith the State D APORTANT: If		obove, (h (we) (d. 1710 din 271 SIGNATURI 22d. PHYSICIAN'S NAN NICK P. NICK P. BURIAL, CREMATION, REMOVAL	Mea Pos A.BAY) M.D.	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN DIAHART ROAD BURNIE, MARYLAND	21061

D. N. Ster &S. JAM Br. Brand Bolt . Portl. Eliter FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR							REG. NO				
		CEASED NAME FIRST		MIDDLE	1	AST		2a DATE OF D	EATH A	NONTH	DAY	YEAR	2b HOUR
		UTHER	M	ARONE		SMITH			(	)5	12	82	1448P M
	3. SE	x	4 RACE		5 DATE C	OF BIRTH		6. AGE (IN YEA	RS LAST BIRTH	DAY)	IF UN	DER I YEAR	IF UNDER 24 HRS
	M	ALE	CAUC		MAY	24	1918	X6X4X-X	63	VDC	MONTH	S DAYS	HOURS MIN.
6	7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	N.		9 BALTIMORI		COUN	-	DEATH	
1		ENNESSE	USA		MARRIED NEVER MARRIED WIDOWED DIVORCED			ANNE ARUNDEL					MD.
1		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN				120 USUAL OC			LIFE) IT	L. KIND O	F BUSINESS OR
1		RT MEADE, MD	-	GH ARMY C		ITY HOS	SPITAL	ELECTI	RICAL	ENC	GINE	ER	NSA
5	13a S	AL RESIDENCE (IF NURSING HOMEO STATE RYLAND MONT		SILVER S	V	SSES [	TY LIMITS?	13e STREET AD 10709 1	DRESS NOL	CRES	ST D	R	
7	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM					1.7	TTLEJOHN
0	HL	JGH THE STATE OF T	TAW	SMITH		MA	RY		PEARL				XXXX
1	lée V	WAS DECEASED EVER IN U.S. AI		166 SOCIAL SECUE	RITY NO.	17 INFORMA	NT		ADDRES	5			1
	/ "	YES	VE WAR OR DATES)	414-18-5	908	FERN	C. SM	ITH	SAM	E A	S 13		WIFE
		18 CAUSE OF DEATH (Enter o				THE PLAN						BETWEEN	MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSED BY: CARDIAC ARREST											
	313	1/100										10 35	
	113	Conditions, if ony, which (DUE TO, OR AS A CONSEQUENCE OF POSSIBLE MYOCARDIAL INFARCTION											
	4.1	gove rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NICE OF	410 475	777						
		underlying couse last. (c) UNKNOWN											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI									IVEN IN	PART Ice	) '
	CERTIFICATION												
1	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOP	SY?	20b. IF Y	ES, WE	RE FINDIN	IGS USED
1	Ē							YES T	10		YES [	CAUSES	OF DEATH?
	W	710. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW IN	JURY OCCURR	ED (ENTER NATU				ORPART 2)	
1		OR CONTRIBUTING CAUSE OF DE	A111	M. MONTH DA	Y YEAR								
	MEDICAL	21d INJURY OCCURRED	21e PLACE (		19	21f LOCATIO	N						
	¥	WHILE NOT WHILE AT WORK	(AT HOME STR	EET FACTORY OFFICE, FA	RM, ETC )	STREET			CITY OR TOW	7	C	YTAUO	STATE
			SiM attended the	a decreed from	12. MA	<u> </u>	10 82	. 12	May		10	82	that (I) X-X) last
		22a.1 certify that (I) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12MAY	1982	or or	d that in (my)	VV	leoth occurred	-	ond he	nur and		4 4
		saw the deceased alive of above, (1) (3 (did) (3 (did))	view the body	ofter deoth.		DEGREE			on the dot	. Ond ne		22c. DATE S	
		TO LY	7			Α.	TTENDING	MEDICAL	STAFF				
_		22d. PHYSICIAN'S NAME (TYPE	am					DIRECTOR				12MAY	
1			IN CONTROL NO.		2.10	22e ADDRES	)					D 207	55
		JAMES D. FITZ					JGH ARM	Y COMMU	NITY	HS0	PTI	AL	
	23a B	BURIAL, CREMATION, REMOVAL				EMETERY OR C		23d. LOCATI			501	NTY	STAIR
		BUKIAL	5/17		TE OF	HEAVE	V	SILVE	-			MONT	
		UNERAL DIRECTOR HRANC		LLINS			25a DATE	REC'D. BY REC	SISTRAP	A REGIS	TRAKS	SIGNATU	JRE
5	00	UNIV.BLVD., W.,	SILVER S	PKING, MD.		20901	MAY	17 1982	100	week (	de	miles	Clan

DHMH-16 50M 1/B1 (VRA 15, 4)

111 20 11 30					
	1010 70 10		ORNO -		
	ANTIGORI YITL				
OTOS R MOTOREST OR		inc round	Yepshire?	T.A.TYNY'S	
14.08				IDUL	
		2005-U-136-		env	
		AND THE STEAM			
	OTTORATED DATORAT	POSSIBLE NO			
				7	
RETOR OF THE ASSESSMENT	Nex Inspenses		4.93		

		FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		2   REG. NO.	1 3	3	8		
	1. DEC	CEASED NAME FIRST WILLIAM	A1	oert	Smi	th.	2a DATE OF D	May 25	1982	7 :	35 <b>P</b> m		
	3. SE	× Male	White		Dec.			6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 1 YEAR HOURS					
5		RTHPLACE (STATE OR FOREIGN Balto. Md.	76. CITIZEN OF WE	AAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE	A.A.	Y OF DEATH	33.2	MD		
70		anover Md.		FILT RINGS		R OTHER INSTITUTION	Farmer	CUPATION  CSB11CK1	12b. KIND C				
0	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!)  Md. A  ATHER'S NAME FIRST  William  VAS DECEASED EVER IN U.S. AR	A.  MDDLE Seitz	Hanos  LAST Smith	ver n	138. INSIDE CITY LIMITS? YES NOX 15. MOTHER'S MAIDEN N FIRST MATY 17. INFORMANT	AME	DORESS Ridge F	Seile Same	_			
		NO N 18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	Ily one couse per lin D BY: IE CAUSE (0) DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUE	NCE OF	Te Corei	none	or CONDITION GIV	A #3	MATE INTER			
2	AL CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINED.)	21b. TIME OF THOUR A.M.	pour	AY YEAR	N WAS PERFORMED		NO THE YE		NGS USEE OF DEAT NO	H?		
	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	s	TATE		
		22a. I certify that (1) (this hospi saw the deceased olive on above, (1) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPEC	100	10		d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  The ADDRESS	n death occurred of DIRECTOR	on the date and hou					
	222 0	Paul J. Chang		192 6	LAME OF ST			S.E. Gle	en Burn	ie, M	ld.		
	24 FL	Burial, CREMATION, REMOVAL SPECIFY)  Burial  JINERAL DIRECTOR  NAME  .ngleton Fune	May 2	8,1982	Maed	lowridge Me 250. DA Le Md.	em Pk.	IOWN	COUNTY TOWAT TRAR'S SIGNAT	rd M	TATE d		

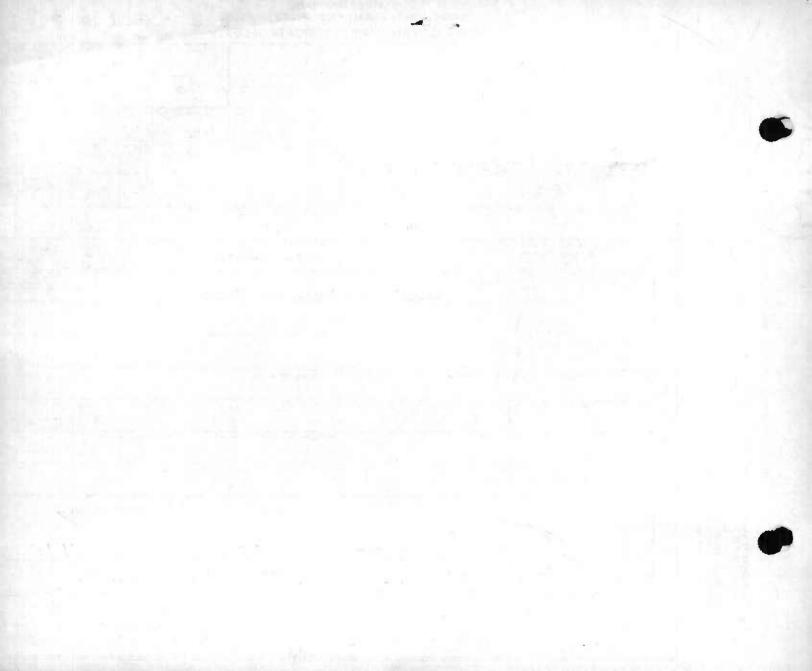
DHMH - 16 50M 1/81 (VRA 15, 4)

BP

STATE OF THE PARTY AND ADDRESS OF THE PARTY AN the grant read of the material Commence of the Collection . L. P. c. o pale . 5 fast . If the same and the same and THE STANDARD THE STANDARD IN

1 1	1.	FOR STATE					ERTIFICATE O	PEATH	1 1	3 3	9
		CEASED NAME E OR PRINT)	FIRST		Widdle		LAST	20. DATE KNO OF ES DEATH MA	1	OAY YEAR	2b. HOUR
PLEASE CTOR FILES HOUR STREET	3. SE	4. RAC		DATE OF BIRTH	YEAR 6. AGE (IN YI LAST BIRTHE 30 5 2v	ARS IF UN		24 HRS. 2c. DATE MIN. PRONOUNCED	нтиом	8 19 82 DAY YEAR	1 2 1 7 7
2002	7a. B	ale Bl RTHPLACE (STATE OR PREIGH COUNTRY) VA	ack 1	76. CITIZEN OF WH.	AT COUNTRY?	8. MARRI	ED NEVER MARRIE	D <b>X</b> J	CITY OR COUN		I p M
ELAY IS TO THE FILED SE PILED SE 201W		TY OR TOWN OF DEA	ATH 1	11. NAME OF HOSP	ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) h Army HOA		ER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING I			JSINESS IRY
ANY DEL ANY DEL AND 3 TO RETAIN P HOULD BE RECORDS	USU		ING HOME OR	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS  131. CITY OR TOWN  Jessup	ION)		130 STREET ADDRESS Jessu	p Corr	ection	Cen.
DAZSST.	III.E.	ATHER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDEI Mary	NAME MIDDLE A	- A	Snead	
4 ST., BALTIMORE HOURS AFIRE DEA NO WITH FORM P RMIT. PAGES 1 AN NE, DIVISION OF L.		vas deceased ever es, no, or unknown) No	IN U.S. ARME (IF YES, GIVE WA		16b. SOCIAL SECURI N/A	IY NO.	17. INFORMANT	AI   Iiller F/H		Box 43 sboro,	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN TEM 18, RED TO THE CHIEF MEDICAL EXAMINER ALONG W RE 3 SHOULD BE USED ASA B DIRIAL - TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO PRIGR TO BURGAL, CREMATION, OR REMOVAL.	N.	Canditions, If gave rise to cause (a) stating lying cause last.  PART 2 OTHER SIGNIFICAN	immediate g the <u>under</u> -	(b) DUE TO, OR A	AS A CONSEQUENCE	OF OF	COR CONDITION GIVEN IN PAR	•			
SHOULD BOND WITAL REC SHOULD BOND "PEN CHIEF ME SE USED AS IT OF HEAL	CERTIFICATION	190. DATE OF OPER			on for which ope			77 2.	ž	20 AUTOPSY YES <b>K</b>	/? NO 🗆
	MEDICAL CEI	210. EXTERNAL CAU UNDERLYING CONTRIBUTING 2 21d. INJURY OCCUR WHILE NOT AT WORK AT V	OR CAUSE OF DE	ATH P.M.	INJURY MONTH DAY YEA  19 FINJURY (ATHOME, DRY, FARM, ETC.)	21f. LO	CATION TREET	CITY OR TOWN		OUNTY	STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNEAL DIRECTOR: PAGE AFTER DEATH, WITH THE STAY BALTIMORE, MARYLAND, 217			I taak charge	Way	ribed abave, held an Arcident S	12	Hamicide TITLE (SPECIFY) Peputy Chi	Undetermined manner  Le MEDICAL EXAMINER  Penn St.		5/9/	82
Bb		URIAL, CREMATION, I SPECIFY) Burial UNERAL DIRECTOR		5/13/82	23c. NAME OF CE Churc		m.	23d. LOCATION CITY OF TOWN BIShor	D. REGISTRARS	SIGNATURE	Mr.
DHMH - 17 (VR A15 ME (5) ) 15M 2/80	-	m. C. Ma	rch F	/H 110	1 E. Nort	ch Av	re. MAY	1 1 1982	Brown D.		

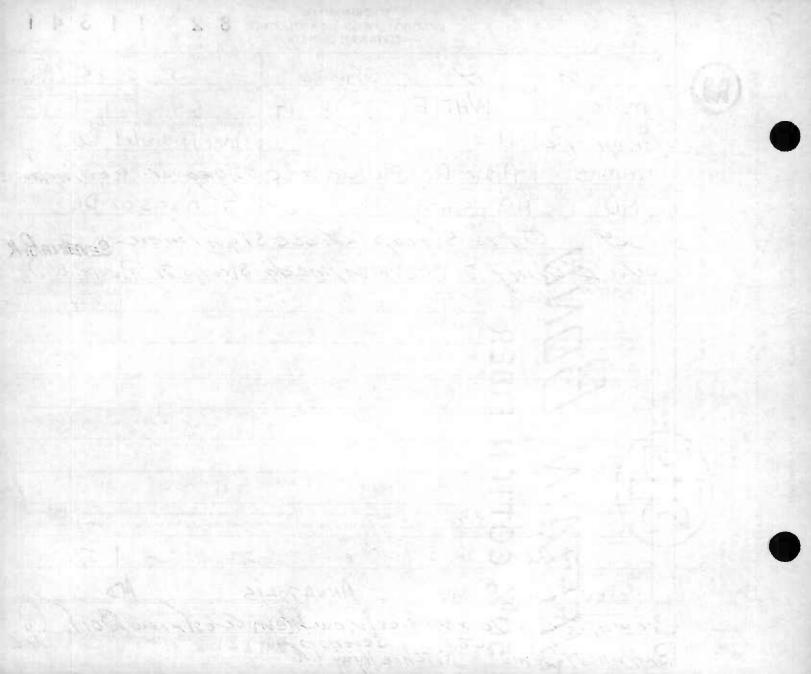
STATE OF MARYLAND



A		FOR - STATE REGISTRAR		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO		3 4 0				
y be ge 3 leath		CEASED NAME FIRST Dav:	id Wilson	Ste	phenson Sr.	May 11	, 1982	YEAR 2b. HOUR AM				
Do Je	3 SE	X	4. RACE	5_DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UND	DER LYEAR IF UNDER 24 HRS				
7 age		Male	White	Jun		63	CHI	DATE HOURS MIN.				
de de la		RTHPLACE ISTATE OR FOREIGN COUNTRY) MISSOuri	U.S.A.	MARRIE		BALTIMORE CITY O Anne	Arunde:	1 County up				
by the f filed wir		Severn	(IF NOT IN SUCH FACILITY, GIVE STREET 8014 Quarte	rfiel		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FIELD EN	ON (Ret )2h FWORKING LIFET INC LG • (	KIND OF BUSINESS OR DUSTRY Bendix				
filled in hould be	13a S	aryland 13b.co	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR JUNTY 134. CITY OR TOW SEVE!	VN	YES NO 🔀	130. STREET ADDRESS 8014 Qua	rterfi	eld Road				
ompletely ond 2 s			ranklin Steph			ta		radiey				
be execu			ARMED FORCES? 166 SOCIAL SECULOR COPE AND 495.14		Mrs. Ruth		Same	as # 13				
th certificate nding physicic corbon paper , ar remavol. notic event, th		B CAUSE OF DEATH LEnter only one cause per fine for an in the part I. DEATH WAS CAUSED BY  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  WAS LAUSE OF DEATH LENTER ON SET AND DEATH  BETWEEN ONSET AND DEATH  WAS LAUSE OF DEATH LENTER ON SET AND DEATH  BETWEEN ONSET										
that the dea d by the atte ease remave of, cremation or other fraun		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF									
en signe Then pl or ta buri	NOIL		CONDITIONS CONTRIBUTING TO				NTION GIVEN IN	PART 110				
The low tan.  In permit permit premit premit permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO	206 IF YES, WERI IN CERTIFYING ( YES	E FINDINGS USED CAUSES OF DEATH? NO				
SICIAN: ng physic certificat rial-trans ental Hyg ltem 18 sl	MEDICAL CE	? To ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D THE EITHER NOTHY MEDICAL EXAMIN	EATH HOUR A.M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	PART 2)				
NG PHY attendii fter this as the bu th and M arked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC }	211 LOCATION STREET	CITY OR TOV	vn co	DUNTY STATE				
ATTENDI sspital ar CTOR: A d far use i. of Heoli n 21 is ma		sow the decrosed plive of	pitol) ottended the decembed from 19		d that in (my) (our) opinion d	eoth occurred on the do						
ITAL OR by the ho RAL DIRE detoche tote Depi	A	77s SIGNATURE	E. Sehn	/	GREE  ATTENDING PHYSICIAN	MEDICAL STAF	c -	21. DATE SIGNED				
O HOSPI O HOSPI TO FUNE should be with the S			. Stern, MD	2	300 Hospit	al Dr., G	len Bu	rnie, MD. 21061				
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	7 14 May 82 A	rling	ton Nat'1.C	em • Ft • M	yer,	777				
HMH - 16 50M 1/81 (VRA 15, 4)	24 F(	Single of F	ADDRESS ADDRESS	Glen	Burnie	REC'D. BY REGISTRAR	Sb. REGISTRAR'S	SIGNATURE				

and provided a little of the late of the l Brym.' I. And Administration of the and the second s THE RESERVE OF THE PROPERTY OF

X	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		11341
		CEASED NAME FIRST	A RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR	REG. NO 20 DATE OF DEATH  6. AGE (IN YEARS LAST BRI	MONTH DAY YEAR 26 HOURS
other death. Food within 72 hours of within 72 hours of the control of the contro	(C)	RTHPLACE (STATE OR FORES) SOUNTRY) GY/UM, 12 IT OR TOWN OF DEATH		MARRIED NEVER MARRIED WIDOWED DIVORCED DI	Anne Ar 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O	R COUNTY OF DEATH  ON 12b. KIND OF BUSINESS OR
MARYLAND 2120 edthin 24 hours impletely filled in by and 2 shoold be foll accommon menus.	13a.	AL RESIDENCE (IF NURSING HOME OR OTATE 136 COUN	TY A 134 CITY OR TO		ASE. STREET ADDIESS	versicle Dr.
BALTIMORE, M men he executed special and complete. Pages 1 or wol.	16a. \	VAS DECEASED EVER IN U.S. ARA VES NO OBONUNOUN) INF VES GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES! 21710	6090 G/medg.	Stroup	71 Piverside De
201 W. PRESTON ST., BA es that the death certifier red by the attending physical please remove carbon lapp inviol, cremotion, or remons v. or other troumotic event.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)	NOMA UP ( Ula	INAL DISEASE OF COM	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  CS SS
	CERTIFICATION	19a. DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS  ING PHYSICIAN: The low requirentending physician.  As the buriol-transit permit. There is an after buriol-transit permit. There is an Amental Hygiene prior to be orked or them 18 shows any injur	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE OOT WHILE AT WORK		21f LOCATION	RED (ENTER NATURE OF INJUR CITY OR TO	
OR ATTENDO he hospital or DIRECTOR: A oched for use Dept. of Heal		22a. I certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did neal 22b. SIGNATURE	5/6 19	DEGREE  ATTENDING	MEDICAL STAF	19, that (I) (we) lost ate and have and from the causes stated
TO HOSPITAL retained by the TO FUNERAL should be determental with the Store IMPORTANT: I	23a.	22d PHYSICIAN'S NAME (TYPE OF	ERN IMD	PHYSICIAN L  22e ADDRESS  ANNA POL  NAME OF CEMETERY OR CREMATORY	PHYSIC	MO .
DHMH-16 50M 1/B1 (VRA 15, 4)		SPECIFY)  PEMATION  UNERAL DIRECTOR  NAME  AMAGE  A	5-10-82 6	Jestyew Men	n Cest	Human Master Ma



6	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE 8 2	1   3 4	1 2
eoth be		CEASED NAME FIRST Virgi	inia Carol	Sunday	20 DATE OF DEATH	6, 1982 26 H	OUR 145 M
frer d	3. SE.	x Female	4. RACE White	Jan. 21, 1946	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UN MONTHS DAYS HOUSE	DFR 24 HRS RS MIN.
(M) 3F		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	75 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED		rcounty of DEATH undel County	, MD
by the filled w		Annapolis	Anne Arunde	ADDRESS) 1 Gen'1. Hosp.	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEW1	ON  F WORKING LIFE) 12b. KIND OF BUS INDUSTRY OWN HO	ome
filled in hould be	13a S	aryland A.	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR TOWN A. Annapo	N . 138 INSIDE CITY I MITS?	13e. STREET ADDRESS 1171 Ba	yview Vista	
ompletely ond 2 s		James F	R. Beasley		r M.	Marsh	
s. Poges				nity no.   17 INFORMANT (Hus. 9456 Mr. Steven	band) ADDRE H. Sunda	<sup>SS</sup> Same as # . Y	13
l by the ottending physic base remove corbon-pape bal, cremotion, or removal rather froumotic event, it		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE  43/0 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.		hal Hem	ovrhage	APPROXIMATE IN BETWEEN ONSET /	CLVS
an signed. Then plant to burid	NOI	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONF	DITION GIVEN IN PART 1(a)	
it permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE YES \( \subseteq \text{NO} \)	SED ATH?
entol Hygin lean 18 sh		71a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	21c. HOW INJURY OCCURI	RED (ENTER MATURE OF INJUR	LY IN ITEM 18 PART I OR PART 2)	
th and M orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		CITY OR TO	WN COUNTY	STATE
d for use r. of Heol n. 21 is m		22a.1 certify that (i) the house saw the procedured alone of above (ii) we indicated and re-	to lead the deceased from a lead the body ofter death.		death accurred on the do	ite and haur and from the causes	(we) last stated
ERAL DIRE		22 GGMATURE	Voen-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN SIGNE	82
wPORT	1	DA PHYSICIAN'S NAME (1975)	es Chacon		Achie 1	Avnolation	0 1017
	1	Burial Burial  Burial	19 May 82 Di	NAME OF CEMETERY OR CREMATORY Ulaney Valley Me		ium, Balt.	MD.
6 50M 1/81 A 15, 4)	24 FL	Singleton F	uneral Home	Glen Burnie, 250 DAF Maryland		25b. REGISTRARS SIGN	den

STATE OF MARYLAND

Aller as all wearby level 1 12 - 1 1 1 2 2 4 Color Carried . May 1-8 1982 3 June John Parties .

MD.

(VRA 15, 4)

Singleton Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

S. S. selections of their sentent TO STATE OF THE ST

FF CT 1 S B STEERING TO THE WAR 10 10-7-2 The second secon Control of the state of the sta Extended the same and the same THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2a. DATE

REG. I	NO.				ED	T
OF DEATH	MONTH	DAY		YEAR	26 HOUR	
	MAY	8	, 1	982	8:32	A
N YEARS LAST B	SIRTHDAY)		IF UNI	DER I YEAR	IF UNDER 2	4 HRS

7	b	JOSEPI	H WATKINS	THOMPSON	l l	MAY 8, 1982	8:32 A
M	šE:	Male	4. RACE While	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR MONTHS DAYS	
5		RTHPLACE (STATE OR FOREIGN TOUNTRY)	76 CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY			
54	GI	TY OR TOWN OF DEATH  LEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A NORTH ARUNDEL HO	ADDRESS) DSPITAL	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF	ON 12b. KIND ( INDUSTRY	of BUSINESS OR
E	13a S	ma 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE  ATA 136. CHY OR TOWN	ADMISSION)  N  13d. INSIDE CITY LIMITS?  YES   NO   O	13e STREET ADDRESS	north	Du.
20		THER'S NAME FILST COSEPH	W There	is MOTHER'S MAIDEN NAMED IN MANY	E. MIDDLE	Jethins	.ST
		VAS DECEASED EVER IN U.S. AR (ES, NO OR V KNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECTION AND SECTION	840 Wife -	Rhove		
		PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and D BY: TE CAUSE (a) CGO'd	io respiraten	anest	APPROI BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF Leart	Jaly	re	
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			45
	ATION	PART 2 OTHER SIGNIFICANT C	Onditions <u>contributing to d</u>	<u>BEATH</u> BUT NOT RELATED TO THE TERM	nal disease or cone	DITION GIVEN IN PART 1	a
7	CERTIFICAT	19a, DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATION WAS PERFORMED	20a AUTOPSY?  YES NO	120b IF YES, WERE FINDE IN CERTIFYING CAUSES YES	NGS USED S OF DEATH?
7	A.	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR 19	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T OR PART 2}	
-	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

KHANDELWAL, M.D.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

220.1 certify that (1) (this haspital) attended the deceased from,

saw the deceased alive an\_above, Mi we) (did) (did not) view the body after death

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ MARYLAND 21061

22r. DATE SIGNED

BALTIMORE-ANNAPOLIS BLVD., GLEN BURNIE

and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated

CREMATION REMOVAL 776 DATE

22h SIGNATURI

DECEASED NAME

(TYPE OR PRINT)

hours after

FIRST

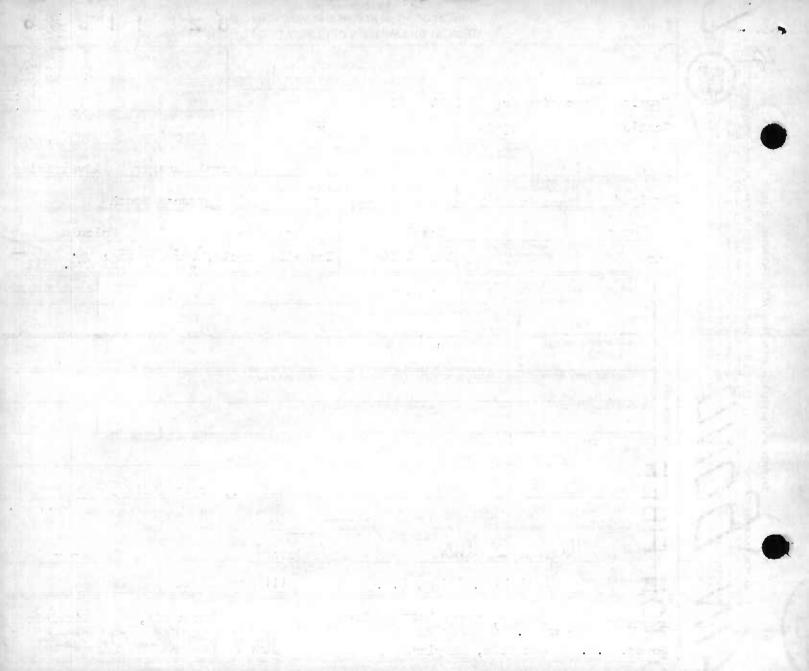
22e ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR: should be detached for with the State Dept. of H IMPORTANT: If Hem 21 is

L. O CONTROLLED THE DESIGNATION MA DOWN ISE I SEE IN THE HERE AND THE LAND WAS ASSESSED. THE PARTY OF THE PART

					STATI	E OF MAR	YLAND						
Q i		FOR STATE			EPARTMENT OF H			YGIEN	2	1 1	3	4	ó
		REGISTRAR		MED	DICAL EXAMINE	R'S CER	TIFICATE O	F DEATH	REG. N	0.	(3)		-
		CEASED NAME OR PRINT)	FIRST		WIDDLE	LAST		2a DA1		Х момтн	DAY	YEAR	26 HOUR
			Jean		Ann Dur	ican To	okarski		H MATED	5	31 19	9 82	M
	3. SEX	4.1	RACE S. DA	TE OF BIRTH	6. AGE (IN YEAR YEAR LAST BIRTHDAY)					MONTH	DAY		2d. HOUR
1	Fe	male C	Caucasian A	_	1939 42 YRS	1110111110	DAYS HOURS	MIN. PRONC	AD DUNCED	5	311	9 82	18:30
ł		RTHPLACE (STATE		ITIZEN OF WH	IAT COUNTRY?	MADDIED	ENEVER MARRI	9 BALT	IMORE CITY	OR COUNT			
1	Sc	otland	V s	cotlan	d V	WIDOWED	DIVORC		nne Aru	indel	Coun	itv.	MD
İ	10. CI	Y OR TOWN OF	DEATH 11. N	AME OF HOSE	PITAL, NURSING HOME,	OR OTHER IN	NSTITUTION	12a. USUAL OC	CUPATION (TY		126 KIND		INESS
4	M	aryland	0.1		ALITY, GIVE STREET ADDY. LL'	-ĥ		General		r		rtis	
ł	USUA	L RESIDENCE HE	N NURSING HOME OF OTHER	R INSTITUTION, GIV	arganza. Sout	()	INCOME CATALANATES					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	130. S1 Mar	yland	Anne Aru	ndo1	Maryland Ci		INSIDE CITY LIMITS?	312 Mar	ganza S	South			
		THER'S NAME				L Y	MOTHER'S MAIDE					131	
1		Norman	MIDDI	lt	Steele		Isabe:		MIDDLE	Ms	alcol		
t	16a W	AS DECEASED E	VER IN U.S. ARMED FO		166. SOCIAL SECURITY	NO. 17. II	NFORMANT		aithers				
	'n	S NO, OR UNKNOWN	) (IF YES, GIVE WAR OR	DATES)	133 34 2663	3   I:	sabella S	Steele,	101 0de	nd Ha	I Ave	. #5	11
F		18 CAUSE OF D	EATH (Enter anly ane	cause per line	for (a), (b), and (c),)						APPR	ROXIMATE	INTERVAL
١		PART I DEATI	H WAS CAUSED BY:	M	ultiple Guns	shot Wo	ounds	(Hand	gun)		BETWEE	IN ONSET	AND DEATH
١		765	D'MMEDIATE CAL	) JE (U)	AS A CONSEQUENCE OF								100
			if any, which to immediate	(b)									
1		cause (a) sta	ating the under-	, , _	AS A CONSEQUENCE OF	1 3							
I		lying cause l	iast.	(c)									
l		PART 2 DTHER SIGNIF	ICANT CONDITIONS CONTRIB	UTING TO DEATH I	OUT NOT RELATED TO THE TERMIN	AL DISEASE DR C	DADITION GIVEN IN PAI	RT T (a).					
ĺ	ON												
ĺ	CAT	190. DATE OF OF	ERATION	196. CONDIT	ION FOR WHICH OPERA	TION WAS P	ERFORMED?	133.60	100		20 AU	TOPSY?	
	TIFIC										YE	s 🖾	NO 🗆
ı	MEDICAL CERTIFICATION	210 EXTERNAL C	AUSE WAS	216. TIME OF	MONTH DAY YEAR	21c. HOW II	NJURY OCCURRE	D (ENTER NATURE O	INJURY IN ITEM 18	PART 1 OR PAI	RT 2)		11216
ı	ZAL	CONTRIBUTING	OR CAUSE OF DEATH		5 31 1982	sub ie	ect was s	shot					
	EDI	21d. INJURY OCC	URRED	The PLACE C		211. LOCATI	ION		TOWN	-	UNTY		STAPE
	¥	WHILE AT WORK	OT WHILE XX		Home		Marganza	outh Mar	yland C	city.A		Arun	ndel
			hat I taak charge of th			Autapsy	XX Inspection			nd in my ap	1.50	Co.,	
		death resulted f					Hamicide X	Undetermined		то ит ту ор	milan		
-		death resulted t	Parural caus	эсэ <u>Г</u> ,	Accident [_], Suici	-	TITLE (SPECIFY)	Ungerermined	munner,				
		ACTUAL SIGNATURE	Mama	20	olan		Assistan:	1 450104150	A AA IA IS D	DATE	6-	-1-82	2
10.		SIGNATURE				M.D		MEDICAL EX	AMINER	SIGNE	D		
1		EXAMINER'S NA	ME Virgir	nia L.	Dolan, M.D.	ADD	RESS III	Penn St	reet				
1	23a.Bl	JRIAL, CREMATIO	N, REMOVAL 236 DA		23c NAME OF CEMI			23d. LOCATIO	4				
1		PECIFY)	June	2, 198	Metropol	itan		Alex	kandria	COUN		rgin:	ia
	24. FL	emation INERAL DIRECTO	Robert A.		ey Funeral		250. DATE R	REC'D. BY REGIST	RAR 250 G	ISTRAR'S			
	Н	omes, P.	A. Beth	esda. N	Maryland		JU	N 7 198	1 Mas	wy		444	
- 16										- 3			



				STATE OF MARYLAND		
	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		1347
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
1	(TYP	· Locs	A N.	TOLLIVER	5 3	27 82 8:40 A
9	3 SE	×	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
	1a. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1 /0 /0	9 BALTIMORE CITY OR COUNT	V OF DEATH
55	Ke	entucky	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	HAWE HRU	NDEZ MD.
S S S	A	WADOLIS	11. NAME OF HOSPITAL NURSIN	ADDRISEL GEN'L	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Housewife	12b. KIND OF BUSINESS OR INDUSTRY
歌片	13e. 3	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	6-
-	14 F	ATHER'S NAME	Gunes	YES X NO 1	TO 1 GIENNOOD	2,
471		FIRST	MIDDLE	FIRST	MIDDLE	LAST
	160 \	Jake VAS DECEASED EVER IN U.S. AR.	Nabier MED FORCES? 166 SOCIAL SECT	(UNK.)	T.	hompson
medic		YES, NO OR UNKNOWN] (IF YES, GIV	F WAR OR DATEST		465°Ferr	y Point Road
		No	401-30-	7053 W. Harvey T	'olliver Annapoli	
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one cause per line for (a), (b), or	d (c.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9 > 0			E CAUSE (D) C /30 AIN	r Venez		
fraumotic		4292	DUE TO, OR AS A CONSEQU	ENCE OF		
000		Conditions, if ony, which	( (b) ASCVI	2.		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
		underlying couse last.	(c)			
	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	VEN IN PART Ito
any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
swows 7	I H		The water was			FYING CAUSES OF DEATH?
0	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18	
4		OR CONTENUING CAUSE OF DEA		AY YEAR		
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	2H LOCATION		
	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, I	ARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
			tal) attended the deceased from	, 19.	, to	19, that (I) (we) lost
		saw the deceosed olive on obove, (1) (we) (did) (di	1) view the body ofter death	, and that in (my) (our) opinion	death accurred on the date and have	ur and from the causes stated
E		276. SIGNATURE	1	DEGREE		221. DATE SIGNED
	5 %	// .	ruten	ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	3/27
3		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS 727 C	athedral Street	A .
MPOKIAN I	0	Dr. BIERN.	MI)			21401
£ 1	23e 8	BURIAL, CREMATION, REMOVAL	236 DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	×1.101
	]	Burial		st Haven Cemetery	Harlan, Harl	an, Kentucky
81	24 FI	JNERAL DIRECTOR	in uRace	250. DA	TE REC'D. BY REGISTRAR 256. REGIS	
	Be	eall Funeral Hor	me, 1212 West St	Anna, Md.	JUN 1 1982 A	The state of the s
	_					The second secon

and the state of t

STATE OF MARYLAND

A Land Board State of the Control of Her extracted that know it is the Comment and Toppater Statistics T The the set time that is in a few times and the times and Geo. M. Londonna Estapa VICE THE STATE OF DESCRIPTION OF THE STATE O man My condition regard of good Rest TOUTH TOUTH 8 mile 1600 have their some not had not T. CCalles Children of the first of the Market States and the

. Patapico Ave.

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

Md ully Funeral Home

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO

0450

IF UNDER 24 HR

STATE

6 7 6 1-1	8.2			Ι,
	II villa	th year of	tellul marcan pro	
	PE February onus		arin 20 Ag	PESTUDEU SER
	Creato promote	Mineon valoremo a	A dynordalki	Fort Meads,
1823		x x.vv ovo	tring labeled water	
		19x4	na vo at ble	in the restriction
mi eron	rouse Ave. Bulty	or egg sold tolt.	#E-56S 58 IT	Yes/ may
	,	deulli ofne	Carding	
		molignment i		
			THE PERSON	
	vitronit (n)	of money 15	2 43 8 2 m	
, ,,,,,,,	- American		· · ·	

Hardesty Funeral Home 12 Ridgely Ave. Ann. Md.

- STATE

BP.

(VRA 15, 4)

REGISTRAR

1. DECEASED NAME

4855 Church Lane Brady Luther L. Trostt Jr. 1318 Kersling Ave. Waynesboro, Va. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY \_\_, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated COUNTY STATE Burial 5/17/82 Lakeview Cemetery Baltimore.Md 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b. HOUR

126 KIND OF BUSINESS OR

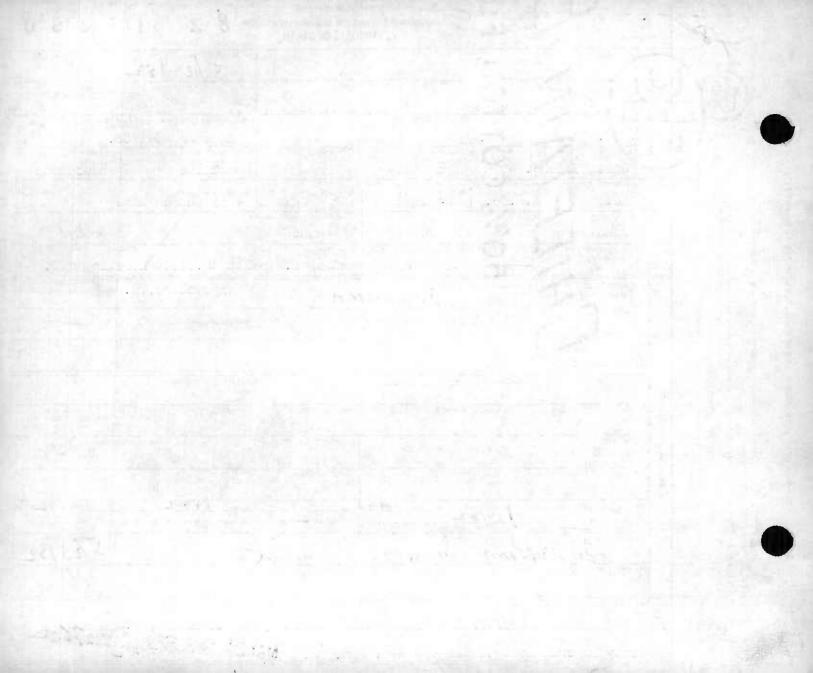
household

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

20 DATE OF DEATH



P

0

H

Jo.

ith the Stot

ŏ

ڡ

per

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINTS river 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED COUNTRY USA Marvland WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR STREET ADDRESS) manager seafood McNasby Co. CITY OR TOWN INAPOlis NO F 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Phipps Edna Turner Sr. James Herman ADDRESS 16b. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 212-30-6385 Mary M. Turner same as 13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a.

3. SEX TO BIRTHPLACE (STATE OF FOREIGN 10 CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 134. CITY OR TOWN 4 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CERTIFYING CAUSES OF DEATH? NO Z YES T NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STREET STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) Opinion death occurred on the date and hour and fram the causes stated above, (t) (we) (did) (did not) v DEGREE Th. DATE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 271 PHYSICIAN'S NAME (TYPE OR PRINT) = 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Davidsonville .Md. STATE 5/29/82 Burial Lakemont Cemtery

24 FUNERAL DIRECTOR

Hardesty Funeral Home

12 Ridgely Ave. Ann.

Md

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

0

BP.

The state of the s BEAR OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE 

STATE OF MARYLAND

en les and a series of the ser THEORY CONTINUE AND A CHARLES TO SHEET A CONTINUE AND A CONTINUE AS A CO The same of the state of the same of the s AT LUCE CONTRACTOR OF THE STREET . if the local advantage of the latest of th a shall be trained the second Server a contract of the server of the server a to the things of the WEST TO 

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 2 1 1 5 5 Family Case in a set to the day that the control of There designed to Company A.A Company X Selector Arange Robert F. Ellers Mary C. Grass NO STATE ASSTALA GROSSE ATTACK THIS Halfall Sandrate Souther Building an 199 selection to with will out to 12/100

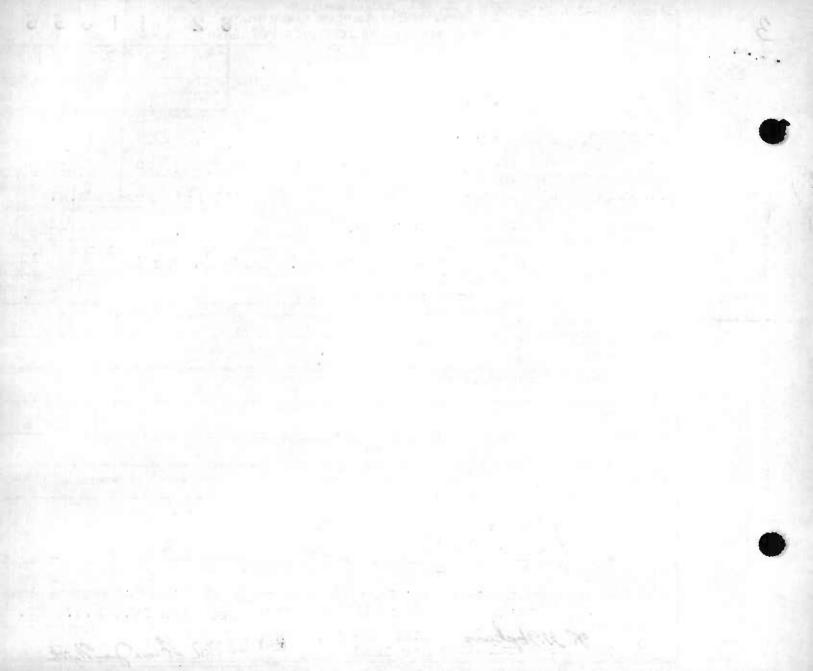
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-VESSELS OLLIE R FILES. HOURS STREET, DEATH MATED SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED DEAD d YRS BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. MARYLAND WIDOWED A DIVORCED RUNDEL COUN ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINES (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY ANNAPOLTS ARUNDEL GENERAL HOSPITAL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1402 Middletown Road 136 COUNTY ANNAPOLIS 13d INSIDE CITY LIMITS? A.A. YES A NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE EIRST LAST UNKN OWN UNKN OWN DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Annapolis, Md. 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO PRISCILLA DOHNSON 1402 Middleton Rd. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) MATE PATERYAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (d DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT P Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES | NO. 3 SHOULD BE 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e. PLACE OF INJURY (AT HOME, III. LOCATION 71d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my apinion DIRECTOR: Suicide Homicide Undetermined manner TITLE (SPECIFY AGE 4 SH.

O FUNERAL DIV

OF DEATH, V ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURTAT Annapol is Maryland 5-28-1982 PINELIUMN MEM. PARK A.A. BP. Annapolis, Maryland 250. DATE REC'D. BY REGISTRAN THE REGISTRAN'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) REESE & SONS MORTUARY, P.A. 15M 7/77

PEGIL S. Marie Tray miles to see as a survey With his year and grassen in the William Q 40 42 6 The Transfer de 10 24 -120 2 mm METHOD STORY BUT STORY OF SECURITY SECURITY SECURITY SECURITY Change Sign I Hole Sub-front allocation for the Arrest Arrest

2	1 - S	STATE REGISTRAR	a-22a Fi		PARTMENT OF DICAL EXAMIN		ARYLAND AND MENTA ERTIFICAT	AL HYGIEN E OF DEA	444	G. NO.	3 5	5
26.46	(TYPE	EASED NAME OR PRINT)	Lyndo		Lee		irgin,		20. DATE KNOW OF ESTI DEATH MATE	© <del>€</del> 5	2619 82	
ALCONO.		1e	White	S. DATE OF BIRTH DAY Aug. 17,		AY) MONTH			PRONOUNCED DEAD	момтн 5	26 19 82	1:30
MD. 21201 H. IF ANY DELAY IS NECESS, I. 2. AND 3 TO THE FUNERAL I. 2. SHOULD BE FILED, WITHIN MAL RECORDS, 201 W. PRESTI	FOR M:	THPLACE (ST.	nd	U.S.A		WIDOW		ORCED		Runde1	County	PM MD.
PELAY IS NI TO THE FU N PAGE 5 BE FILED, V DSS 201 W.	G	y or town of the second of the	ie /	Friendshi	PITAL, NURSING HOME (ILITY, GIVE STREET ADDRESS)  Park-off  E RESIDENCE BEFORE ADMISSING  THE PROPERTY OF THE	Dorse	ey Road	CO.	ALOCCUPATION AOST OF WORKING LIF ISTRUCT OFKER	On	Homeus Build	USINESS TRY ET
FETAIN DEL	13e. ST Ma.	ryland	HUL COUNT		13c. CITY OR TOWN			130. STRE	7 Main		e S.W.	
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND I'TH FORM PM 3. RETA PAGES 1 and 2 SHOUL INISION OF VITAL RECO	L	THER'S NAME Yndon		MIDDLE	Virgin		15. MOTHER'S M	nie	MIDDLE D.		henbac	
BALTIMORE, ME JRS AFTER DEATH.  8. GIVE PAGES 1, 2.  WITH FORM PM. 3.  T. PAGES I AMD 2  DIVISION OF VITA	160. W (YE	AS DECEASED S, NO. OR UNKNOV NO		MED FORCES? WAR OR DATES)  V/A	214-66-4		Mrs.	(LIOCHE	r) ADD		me as	#13
ON ST.,  Z4 HOUR TITEM 18. CONG W PERMIT. SIENE, D		Candition gove rist cause (a) lying cous	IMMEDIAT  s, if any, which to immediate stating the under- te last.	(c) AGE CAUSE (a) AGE CAUSE (b) AGE CAUSE (c) AGE CAUSE (a) AGE CAUSE (a	as a consequence	OF OF					APPROXIMA BETWEEN ONSI	E MTERVAL ET AND DEATH
TECORDS D BE EXE ENDING: MEDICAL AS A BU CREMATH AN	TION	PART 2 OTNER SIG			UT NOT RELATED TO THE TERM							
SHOUL ORD TO HER NIT OF HIS BURIAL,	RTIFICA		L CAUSE WAS		ION FOR WHICH OPER					1		? < NO []
TIPICATE TO THE WHOULD PARTMEN	MEDICAL CERTIFICATION	UNDERLYING	OR IG CAUSE OF D		MONTH DAY YEAR		ATION	URRED (ENTER N	IATURE OF INJURY IN I	TEM 18 PART 1 OR P	ART 2}	
DIVISION WARDED PAGE 3 SI	MED	WHILE AT WORK	NOT WHILE C		DRY, FARM, ETC.)		REET		CITY OR TOWN	co	YTAUG	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN SEXECUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN SPACE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER AS TO RUBEAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HEANSIT ABAITMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMO		22a I certifi death resulte ACTUAL SIGNATURE_	. /		ribed abave, held on Accident , Su	Autaps		Y)	Inquiry , ermined monner	ond in my o	5/26	5/82
TO MEDIC EXECUTE PAGE 4 S FOR FUNE SALTIMOS	-	EXAMINER'S N (TYPE OR PRIN	IT)HO	rmez R. G					Street,B	alto.,M	D 21201	
₽@ <u>~</u> =< <u>@</u>	(58	PECIFY)	LIAL	29 May 8					cation cooklyn			MD.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	NAME	SK 17."	neral Ho	Glen E me Maryla	Burni and	.e, "	AY 28	1982 A	REGISTRAR'S	MATE	



STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

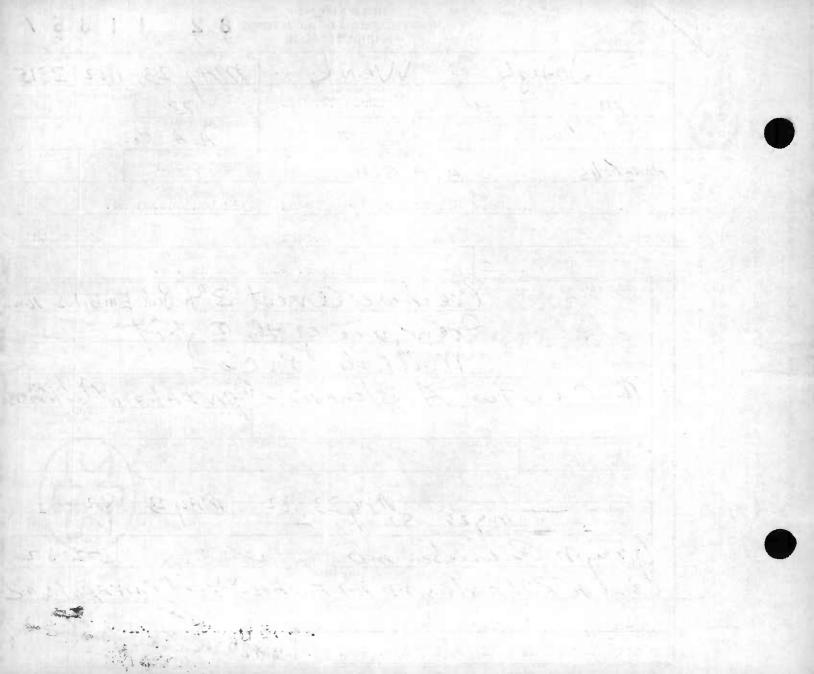
	_				779				REG. NO	٥.				
		CEASED NAME OR PRINT)	Kath	leen	May		ge1		May 16		982	YEAR	25 HOL	JR AA
7	SEX	X	W. Ibi	4 RACE		5. DATE O	F BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER	1 YEAR	IF UNDER	24 HRS
Л	A	Female		Whit	e	MONTH	v 12.	1944	38	YRS.	MONTHS.	DAYS	HOURS	MIN.
-	/ıı. Bi	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8			9 BALTIMORE CITY O		TY OF DE	ATH		
9		laryland		11.9	S.A.	WIDOWE		MARRIED DIVORCED TO	Anno Ar	- mand	01 (	10111	+	
		TY OR TOWN OF DEA	ТН	11. NAME OF H	HOSPITAL, NURSI	NG HOME O			Anne Ar  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	NC	12b.	KIND O	BUSINE	SS OR
0	G	len Burn	ie	8229	Kramer	Cour	t		Keypunch	WORKING	LIFE) IND	USTRY	Bar	ton
1 100	USUA	AL RESIDENCE (IF NURSI	NG HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)				ОР	-4.	- 00		i <del>C.</del>
9		aryland	13b COUN	.A.	Glen B			NO TX	13e. STREET ADDRESS 8229 Kr	- mo	r Co	1124		
2		THER'S NAME				ZITITO		S'S MAIDEN NA		anie.	I CC	urt	-	
1		Freder	ick	Willia	am Cox	Sr.	(	Cather	MIDDLE		Ro	i ork	it1e	12
		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	165 SOCIAL SEC				ghter) ADDRE	5S C.	ame			3
	(1	(ES, NO OR UNKNOWN)		A WAR OR DATES)	220/38							as	# T	2
Н		18 CAUSE OF DEATH						LS. hal	ren L. Kir	KWO		APPROXI	MATE INTER	RVAI
		PART I. DEATH W.	AS CAUSE	Ď BY	All bell w	1 CM (1	M	11101			BE	TWEENO		DEATH
		11 59	IMMEDIA	E CAUSE (a)	CWILL	LVIVAL	+	ully				0	mo	
		Canditions, if any,	ktak	1	R AS A CONSEQU	JENCE OF	0							
1	13	gave rise ta imm	ediate	(b)										
		couse to stating underlying cause		DUE TO, OR	AS A CONSEQU	JENCE OF					3 8			
		DART 2 OTHER SIGN	HEIC ANIT (	(2)	NITRIBUTING TO	DE ATH SHY	NOT DEL ATE	D TO THE TERM	INAL DISEASE OR COND	1710110				
	NO	TARE 2 OTHER SIGN	III ICAINT	.ONDITIONS <u>CC</u>	NIKIBUTING TO	DEATH BUT	NOI KELAIE	D TO THE TERM	IN AL DISEASE OR CONL	IIION GI	IVEN IN P	ARI IIo		
1	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	H OPERATION	V WAS PERF	ORMED	20a AUTOPSY?	20b. IF YE	ES, WERE	FINDIN	GS USEI	)
	TEIC	S VIVE PARTY							YES TI NOT		IFYING C	AUSES	OF DEAT	
7	CER	210. ACCIDENT WAS UND	ERLYING [				21c HOW I	NJURY OCCURR	ED (ENTER NATURE OF INJUR		hand.	ART 2)	140	
7		OR CONTRIBUTING C		all is	M. MONTH D	DAY YEAR								
	MEDICAL	21d INJURY OCCURR		21e. PLACE C	OF INJURY		211 LOCAT							
	W	WHILE NOT WHI	ILE	(AT HOME STRE	EET, FACTORY, OFFICE.	FARM, ETC.)	STRE	ET	CITY OR TOV	IN	COU	NIY	5	TATE
		22a. I certify that (1)		tal) attended the	deceased from	2	,	10 82	= 5/11	0	10 8	2	hat (I) (v	un\ lnet
		saw the decease	d olive-en	3/26	19	82 an	d that in (my	(our) opinian o	death accurred on the da	te and ho	ur and fire			
		obove, (D(ye) (d	id) (did no	view the body	ofter death		EGREE					DATES		
		Lana	100/	n. 1/2	.0.	nD		ATTENDING	MEDICAL STAF	F.			May	82
		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)	my 1	11/	22e ADDRE	PHYSICIAN [	DIRECTOR PHYSIC		sade		- ad-	
	1	Dr. Lor	aine	Daile	T. MD		866	7 Ft.	Smallwood			=11a	, 111	
	23a R	URIAL, CREMATION, F				NAME OF CE		CREMATORY	123d LOCATION	Nu.				
		Buria						Mem . Pk	CITY OR TOWN		EDVE	AA	5	MT
	24 FU	INERAL DIRECTOR	. 1	01. 11.	_				Glen P	Urn:	TRAFSS	CHAT	. ,	MD.
		Singleto	on Fi	maral	ADDRESS	Glen		Le, MAY	18 1982		Oc	91	The	
			J11 L	arier at	110116	MD.		T IVIA	10 802 01	perce()	0	~	-	_

DHMH - 16 50M 1/81 (VRA 15, 4)

A Semention with the semi-18 1992 Flores Staff or

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



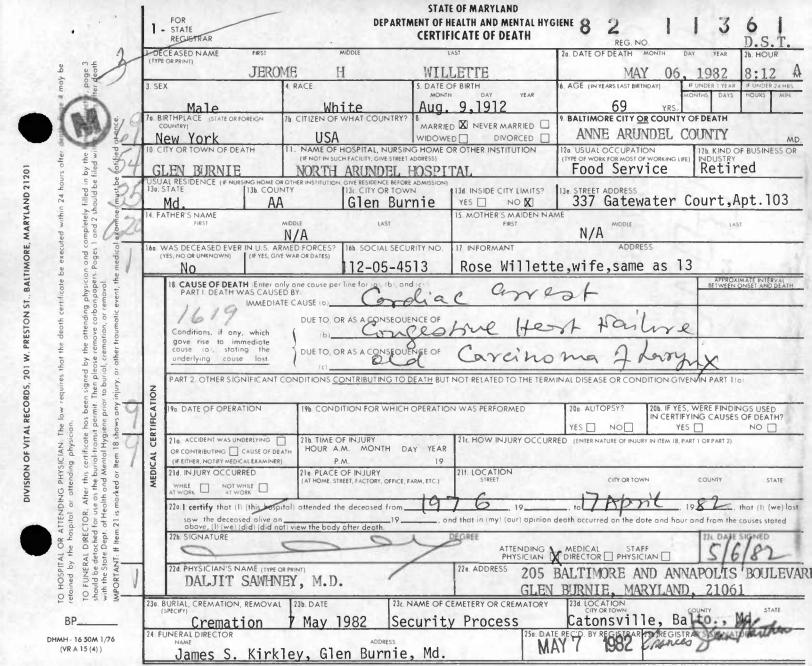
	1			ATE OF MARYLAND		TO THE PARTY OF TH	
8	1	FOR STATE REGISTRAR		F HEALTH AND MENTAL HYG TIFICATE OF DEATH	IENE 8 2	. 1 1 3 5 8	
		CEASED NAME FIRST	MIDOLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26. HOUR	_
be h		E AY	A.	Wheeler		5 9 22	М
you you	1 SE	M n 19		TE OF BIRTH  ONTH DAY YEAR  9 3/ 02	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN	-
Pog g	7 . B	IRTHPLACE ISTATE OR FOREIGN 76. (	CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY O	YRS. PRICOUNTY OF DEATH	-
deoth.	L	MARYLAND	U.S.A. WIDO	RIED NEVER MARRIED DIVORCED D	ANNE	HRUNDEL M	ID.
s ofter	JO. 5	UNAPOLIS 11.	NAME OF HOSPITAL NURSING HOM (UPOT IN SUCH FACILITY, GIVE STREET ADDRESS)	403P	TYPE OF WORK FOR MOST O	ION  F WORKING UE)  126. KIND OF BUSINESS OF INDUSTRY  CR. ATT U.S. GOUM	RY
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician. The certificate has been signed by the attending physician and completely tilled to stee by the burial-transit permit. Then please remove carbonopapers. Pages 1 and 2 should be than ad Americal Hygiene prior to burial, cremotion, or removal.	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIN 134 PT OR TOWN	_ 113d INSIDE CITY LIMITS?	13e STREET ADDRESS	1850N PD	
MARYLAN mpletely ond 2 sha	14. F	ATHER'S NAME FIRST HIDD ALL ATHER'S NAME FIRST HIDD ATHER'S NAME FIRST HID ATHER'S		15. MOTHER'S MAIDEN NAM	AE MIDDLE	LEWIS	
MORE, MAI		WAS DECEASED EVER IN U.S. ARMUD YES, NO OR UNKNOWN) (IF YES, GIVE WAI	FORCES? 166. SOCIAL SECURITY NO		IA WILLEA		_
ALTIA te be te be icion wers. P	-	18 CAUSE OF DEATH (Enter only or	ne cause per line for (a), (b), and (c).)	/ WILCOK W	IVI. OHTO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
r ST., BAL	18	PART I. DEATH WAS CAUSED BY	Y: 5 % M	e		Show	0
RESTON S:  death cer  a attending  nove carbo  oriton, or re  troumatic e	1	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF				
I W. PRESTO		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	F			
ot w thot decise ind, cr	Н	underlying cause last.	(c)				_
RDS, 301 requires the signed b Then pleas re buried, injury, or o	NO	PART 2. OTHER SIGNIFICANT CON	IDITIONS <u>CONTRIBUTING TO DEATH</u> &	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)	
AL RECORI	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES TO NO TO	
ON OF VITAL R  HYSICIAN: The la ding physician. is certificate has burial-transit per Mental Hygiene Mental Hygiene		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YE.	AR 21c. HOW INJURY OCCURR			_
SION OF VI	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 1 21e. PLACE OF INJURY	211 LOCATION			_
DIVISIO NG PHY offer this os the but th and M	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.		CITY OR TOW	VN COUNTY STATE	
DI Or Bessel		22a.1 certify that (1) (this baspital) saw the deceased alive an	4/25 19871	and that in (my) (and) apinion of	to	ate and haur and from the causes stated	st
~ = ~ 0 0 0		above, (1) (we) (did) (did nat) via 22b. SIGNATUII	ew the body after death.	DEGREE		22c. DATE SIGNED	
by the hore by the hore e detoche Store Dep		Reffee	lew	ATTENDING PHYSICIAN	MEDICAL STAIL	FF 5/10/82	2
HOSF ined FUN FUN ORTA		22d. PHYSICIAN'S NAME ITYPE OR PRIN	Lucan Vier	22e. ADDRESS	a Aug X	Lux as ales Test	
Of of other lands of the state	23a.	BURIAL, CREMATION, REMOVAL 2		F CEMETERY OR CREMATORY	23d. LOCATION	COUNT ATM	=
	10	URIAL DIRECTOR	5/12/82 HILL	IZSO. DAY	TUNA	BUS HA IVIS	_
DHMH-16 60M 1/73 (VR A 15 (4))	J	Ha M Tay/o	RI SONS HUNTAR	LO MD	AY 1 2 1982	Maria	
	To the same of					<u> </u>	_

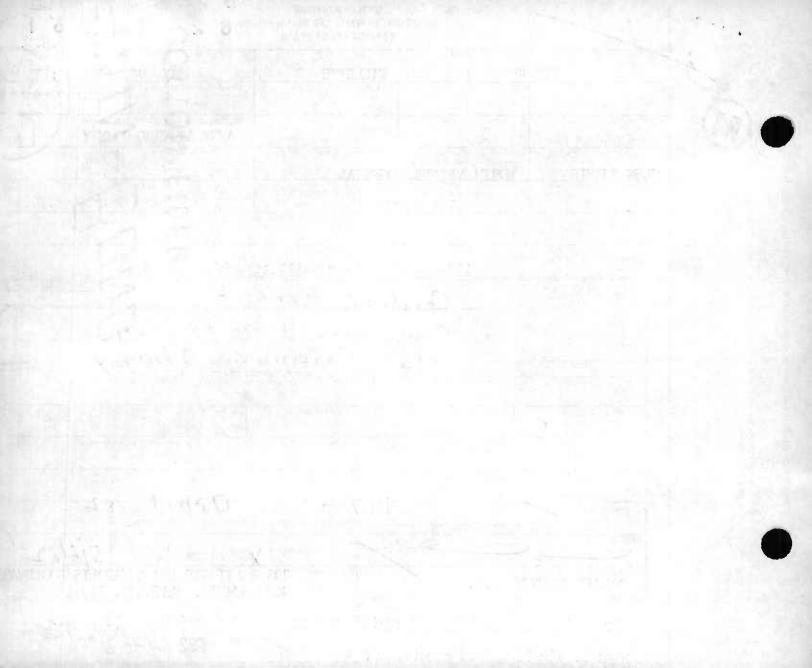
Proceedings of the second seco the street of the street of

						STATE	UF MAKTLA	NU					100	
•	4.	FOR STATE			DEPARTI		EALTH AND N		ENE 8	2		3	5	9
1	/	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.			EDT	
me -		CEASED NAME	FIRST	WID	DDLE		AST		2a. DATE OF	DEATH MON	TH DA	Y YEAR	76 HOUR	
poge 3		G	ORDON	Dr	yden	WHE	ELER		MA	Y 6, 19	82		9:45	M
fter o	3 SE	A A D		4. RACE	+	5 DATE C	DAY	YEAR	6. AGE (INY	EARS LAST BIRTHDAY	() IF	UNDER 1 YEAR	IF UNDER 24	MIN.
urs a	_	Male		wa	u		ch 12	1924	58		YRS			
2 ho di	(	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF W		MARRIE	NEVER M	ARRIED -	9 BALTIMO	RE CITY OR CO	O YTAUC	FDEATH		
Pun Z		ryland		U.S.		WIDOWE		ORCED		ARUNDE	L CO			MD.
	10 C	TY OR TOWN OF DEA	TH	11. NAME OF HO	DSPITAL, NURSIN FACILITY, GIVE STREET	ADDRESS)	R OTHER INST	TUTION	LTYPE OF WORK	FOR MOST OF WO	RKING LIFE)	12b. KIND O INDUSTRY		
6		GLEN BURNII			H ARUNDE		PITAL		Main	cananc	е	Const	ruct	clor
ulled in	13a S		13b COUN		CITY OR TOW		13d INSIDE CI	TY LIMITS?	13e. STREET A	New C	nt E	hen?		
2 sho		THER'S NAME			100		15. MOTHER'S			11011 0	uc I	toda		
ald no de ZO		William	330	MIDDLE	Wheele	r	M	ary		MIDDLE		Wat	ts	
es l		VAS DECEASED EVER			66 SOCIAL SECU	IRITY NO.	17 INFORMAN		fe	ADDRESS		Same	as	
Pag		Yes, NO OR UNKNOWN)	WW	TT T	219.16	.1300	Ethe.	1 M. V	Wheele	er			13	
ypers ypers val. t, the		18 CAUSE OF DEATH	1 Enter on	ly one couse per li	ne for (b), on	dicin (	1					BETWEEN	MATE INTERV	AL EATH
on po emo even		PART I. DEATH W		E CAUSE (o)	(0	VI	T							
corbing corbin or r		4300		DUE TO, OR	AS CONSEQUE	ENCE OF	1	0 0.		1				
otte		Conditions, if ony,		( 1b)	Sul	anae	une	y m	·····	roje	-			
rem rem rem	-4	couse (a), stating	g the	DUE TO, OR	AS A CONSEQU	ENCE OF				V				
ial, c				(c)								1		
signe a bur uny,	z	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CON	TRIBUTING TO	DEATH BUT	OT RELATED	TO THE TERMI	NAL DISEASE	OR CONDITIO	ON GIVEN	IN PART 110	,	
nit. Thrior trior t	CATION	19g. DATE OF OPERAT	ION	Tim control	ON FOR WHICH	CHERATIC	TWAS BEDEFA	MED	20e AUTO	PSY2 201	FYES V	WERE FINDIN	GS LISED	
perm ne p ws a	IFIC			1		30 410 114			YES 🗀			NG CAUSES		?
onsit Hygie 8 sho	CERTIFI	21a. ACCIDENT WAS UND	ERLYING -	TIE TIME OF		100	21c HOW INJ	URY OCCURR		TURE OF INJURY IN I		T I OR PART 2)	140	_
oll-tro		OR CONTRIBUTING C		111	MONTH D	AY YEAR								
buring the American Merican American Am	MEDICAL	21d. INJURY OCCURR		714. PLACE OF		- 110	THE LOCATIO	N		CITY OR TOWN		COUNTY	STA	
s the and ked	W	WHILE NOT W		TAT HOME STREET	T, FACTORI, DIFFCE I	ANN TICE	110			CITY OR TOWN		COUNTY	STA	.TE
s mor			this hospi	nali attended prod	Graved from_	4/	4/12	19	to	16/12	, 19		hot (I) (we	e) lost
for u		saw the decease	alive on	Joew the body of	ter death	, ог	d that in (my) (	our) opinion d	eoth occurred	d on the dote o	nd hour o	nd from the o	ouses stote	ed
thed ept.		72b. SIGN-4 UIII	1	11	7		DEGREE					22c. DATE	GNED	0
AL Dietac		1111	X	Ne 151	Cum	576	m :	HYSICIAN Z	DIRECTOR [	STAFF PHYSICIAN		15/	7/1	7
FUNERA old be de orthe Stot		22d. PHASICIANS NA	ME ITANO	0	111	)	27e ADMRESS	7845	Oakwo	od Road	#20	5		
should be detac with the State D IMPORTANT: If		JORGE B	RAMI	REZ. M.D						e. Mary				
F € 3 ₹	23a E	URIAL, CREMATION,	REMOVAL	73h DATE		VAME OF C	EMETERY OR C		23d LOCA			COUNTY	STA	715
		Buri	a1	May 10	,82 Md	• Vet	. Cem	etery		ownsvi	11e	AA	MD	ile.
16 50M 1/B1		INERAL DIRECTOR	H	BULL	Aconess		A. C. N.			EGISTRAR 256			Marth	to.
A 15, 4)	Si	ngleton	Fune	ral Hon	ne, Gler	Bur	nie, M	D MA	Y 10	1982 6	unces	0	2	

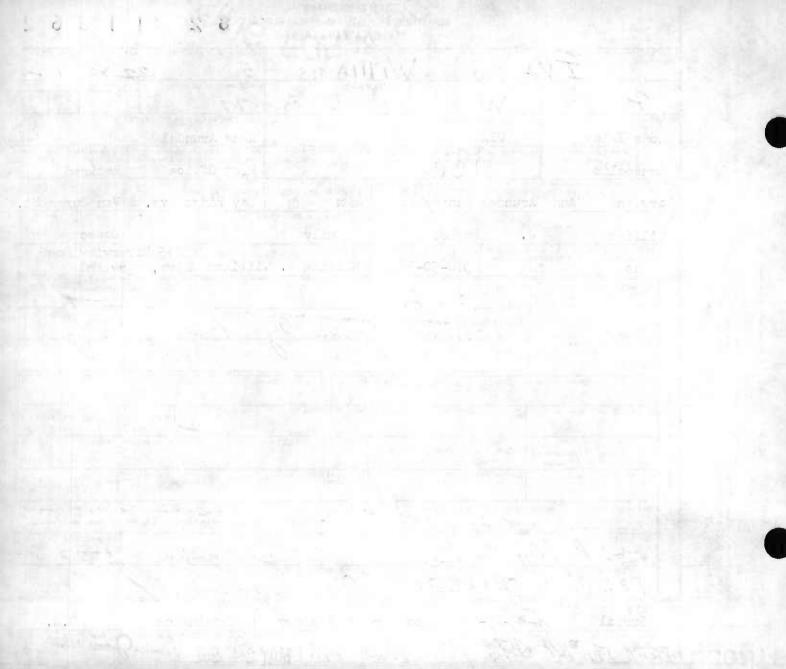
01			STA	TE OF MARYLAND		
X	1.	FOR STATE REGISTRAR		HEALTH AND MENTAL HY	GIENE 8 2	. 11360
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 3
- Jn		FRAM	vces 9. Wi	/KENSON	M	AY 16 1982 17
Nagroom.	3 SE	X	40	OF BIRTH	& AGE   IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
Sept Const	_	t emale	White Apr	il 19, 1895	8	
15	7a. 8	RTHPLACE ISTATE OR FOREIGN OUNTRY	U.S.A. WIDOW	NED NEVER MARRIED	Anne Arun	del A
270	-	en Burnie	11. NAME OF HOSPITAL, NURSING HOME (# NOT IN SUCH FACRITY, GIVE STREET ADDRESS), Md. Manor Nursing H		12a USUAL OCCUPATE ITYPE OF WORK FOR MOST OF HOMEMAREA	F WORKING LIFE) INDUSTRY
35	USU 13a	AL RESIDENCE IN NURSING HOME OF STATE 136 COUR		13d. INSIDE CITY LIMITS? YES NO C	13. STREET ADDRESS	ow View Rd. 21122
20	14 F/	ATHER'S NAME GEORGE	MDDLE Gandu	15. MOTHER'S MAIDEN NA		Miller
the med	16a \	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO. 217-32-84403	Mr. J. Walte	ADDRE	SS
any injury, or other traum	ION	M2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERA	MINAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
S shows	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	YES NO	100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
or Item 18 show	CAL	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DECLIFE EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DAY YEAR	1200	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)
marked	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	VN COUNTY STATE
em 21 is		saw the deceased alive on	ntal) attended the deceosed from	ond that in (my) (our) opinion	death accurred on the do	19, that (I) (we) lo
NT: If Item	1	ATTA SIGNATURE		DEGREE ATTENDING PHYSICIAN (	MEDICAL STAF	
MPORTA		Michael	Pearlman	Peist	Court 1	ROADaryland
4	23a. (	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 236. NAME OF Woodl		234. LOCATION CITY OF TOWN WoodLaum	Balto., Md.
With the State Dept.	(	SPECIFY)	Pearlman 236. NAME OF	ATTENDING PHYSICIAN   22a ADDRESS OIC CEMETERY OR CREMATORY  awn Cemetery 129 DA	A DIRECTOR PHYSIC COURT 236 LOCATION CITY ORTOWN Wood Louin	ROAD MARY A

, to be the court of in . The man had been a with the content of the Kill headon bleacht. He na 17-2-40 a fromthee Elicason 2 gare us 12 STATE OF THE PARTY with the contract the contract contract the second to the e ultus anerals come or another. 21122

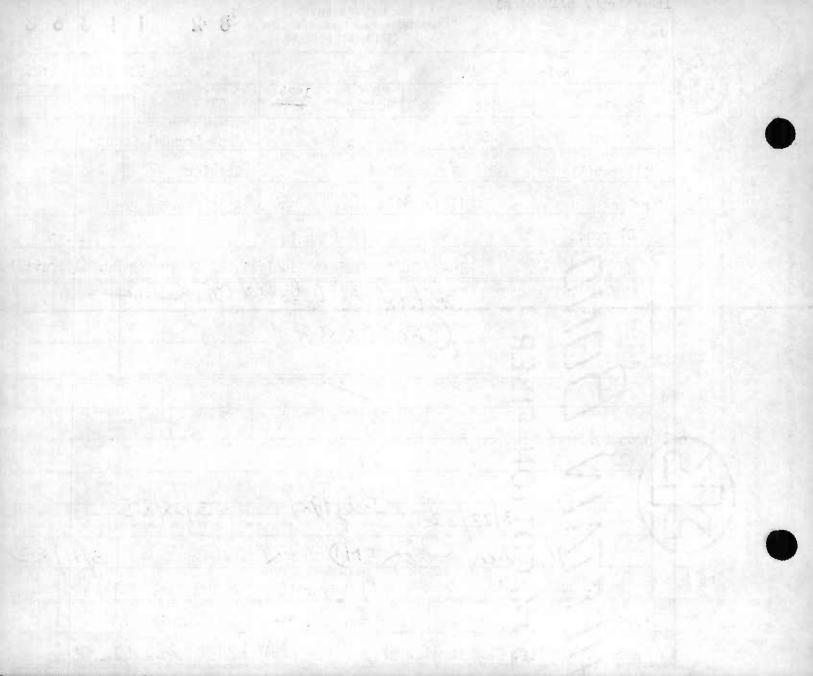




7	1			STATE	OF MARYLAND		
100	1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	1 1 3 6 2
1 (86)		ECEASED NAME FIRST	WIDDLE	, ,	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	"'	IV	A May	Wil	11Ams	5	25 82 / AM
e d a	3 5	EX	4 RACE		FBIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
age 4	100	7	W	MONTH 5	16 05	77 YRS	MONTHS DAYS HOURS MIN
	70.	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	BALTIMORE CITY OR COUN	
19 SET #	4 R	hode Island	USA.	WIDOWE		Anne Arundel	MD.
urs after by the fu ed within	3 10	CITY OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUPPRACHEY, GIVESTREE	NG HOME O	DR OTHER INSTITUTION	12e USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING Post Office	126 KIND OF BUSINESS OR INDUSTRY Retired
thought fin b	US	UAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO				
MARYLAND 2120 uted within 24 hour mpletely filled in by nd 2 should be filed			Arundel Annapol		134 INSIDE CITY LIMITS?	Bay Ridge Ave	& Van Buren St.
within within tely fille should		FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	
omplet and 2	.1	William	J. Hughes		Emily	WIDOLE	Dawson
. 0 0 0 -	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS 5	Riverview Road
ficate be exe ficate be exe pers. Pages 1 boval.		YES, NO OR UNKNOWN)   IF YES, GIV	578-50-	-2628	William W. V		Maryland
cate cate siciar srs. P /al.			nly one couse per line for (a), (b), a				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tr ph		PART I. DEATH WAS CAUSE	ED BY	A			3
A SI		431 MMEDIA	TE CAUSE (o)	****			
t the death he attendii move carb amation, o		Conditions, if ony, which	DUE TO, ON AS A CONSEQU	IENCE OF	marin de	udem.	5 700
the att move ematin		gove rise to immediate couse (a), stating the	(6)		1	and the same of th	1
th your		underlying couse lost	DUE TO, OR AS A CONSEQU	JENCE OF	U		0
equires equires igned to please burial		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (	GIVEN IN PART 1(a)
	Z						
The law remain the law remains the prior to hows any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED
	J E					YES NOT NOTE	TIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
DIVISION OF VITAL RE IDING PHYSICIAN: The stending physician. After this certificate ha st the burial-transit perr Ith and Mental Hygiene imarked or Item 18-sho	1 8	210. ACCIDENT WAS UNDERLYING			214 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM )	8, PART 1 OR PART 2)
HYSICIA physicia is certifial-trans all-trans or Item				DAY YEAR			
G PHYSII ding phys er this cer s burial-tra nd Mental ked or Ite	MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
VISIC Fendin After t The bu	2	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
ENDI or atte OR: A pe as t ealth is m		22a.1 certify that (I) (this hosp	nital) attended the deceased from	16	1. 3 19	, to 5-72	1982, that (1) (ma) lost
ATT Dital of for us of H	9	sow the deceased alive or	ot) view the body ofter death.	82 or	nd that in Lany? (our) opinion	death accurred on the date and t	our and from the causes stated
AL OR A the hospii rached fo te Dept. c	18	226. SIGNATURE	or) view the body offer death.	1	DEGREE		220 DATE SIGNED
ITAL PARTE Detach		This	ly Mb.		ATTENDING PHYSICIAN A	MEDICAL STAFF	\$ 22 -82
SPITAL by the NERAL De detace State		22d. PHYSICIAN'S NAME (THE	OR PROPERTY.		220 ADDRESS		
TO HOSPITAL retained by the TO FUNERAL should be detect with the State C		FRANKA	1 CHIPLES	/	anna	polis, a	
TO F TO F Shoul with	230	BURIAL, CREMATION, REMOVAL	1 23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
BP		(SPECHY) Burial			eek Cemeter	Washington	D.C.
	24	FUNERAL DIRECTOR	2011			E REC'D. BY REGISTRAR 250 DEG	
DHMH-16 25M (VRA 15, 4) 1/79	1	Beall Fune Al	- DEAL MICHESS	ANN	in Me in	V 9 4 1982 Per	w Jan 19
		1-111 / 1110 11	f starting II	_////	101 1 1 1 1	1 ( 7 1 1 1 1 1 1 1	MG



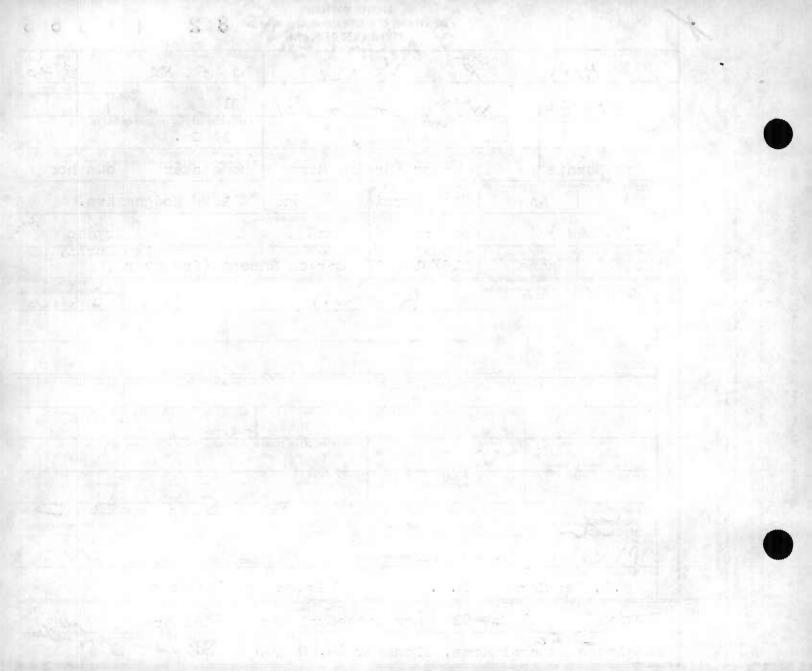
Item 5 g567 5/17/02 gJ



^ >	- 117							MARYLAND						
40		1-	FOR STATE				ENT OF HEAL			0 /			3 6	4
OL			REGISTRAR	die de la constitución de la con	WEI		CAMINER'S	CERTIFICA	ATE OF D	EATH "	REG. NO.			
			CEASED NAME	FIRST	, ,	WIDDIE		<b>LAST</b>				MONTH D	AY YEAR	2b. HOUR
	# % S S +	,	L OK / KII'-I')	Edit	-A E		11	rich	1	OF DEATH	ESTI- MATED	5 1.	51982	17M
	FASE TOR. HIES. DURS	3. SEX		RACE	S. DATE OF BIRTH		AGE (IN YEARS   IF	UNDER LYR. LIE	UNDER 24 HR				AY YEAR	2d HOUR
	五年 王明		=	14	6-3-25	YEAR	-/		HOURS MIN	PRONOUN	CED	- ,	5.82	
	1000	h. 0	DTUDI ACE IST	ATE OR	76. CITIZEN OF WH	IAT COUNTY					DE CITY OD		19	W
-	NA BU	FC. FC	RTHPLACE (STA	NIE OR		IAI COUNTR	4. MA	RIED MEVE	R MARRIED	Y. BALTIMO	ORE CITY OR	COUNTY	F DEATH	
					USA				DIVORCED [	HNN		onde		MD.
	A HE BANK	10. C	TY OR TOWN (	OF DEATH	11. NAME OF HOS		NG HOME, OR O	THER INSTITUTION		OR MOST OF WORK		WORK 12b.	OR INDUST	SINESS
	PALATION	1	NNED	elie	Anne			TRULK		Insuran	2.4	220 00		(1
	ATH. IF ANY DELAY IN S. 1. 2, AND 3 TO THE PM. 3. RETAIN PAGE 2 SHOULD BE FILE VIMAL RECORDS, 301	USU	L RESIDENCE	IF IN NURSING HOME C	OR OTHER INSTITUTION, GIV	E RESIDENCE BEF	ORE ADMISSION)			AND THE REAL PROPERTY.		anage		
501	29 H 507 /	130. S	Ma.	13b COUN	ARTINDET.	13c. CITY OF	SONVILLE	13d. INSIDE CITY		TREET ADDRES		D .		
21201	SH SH					DILVIL	DON'THE.				sville	nd.		
MD.	PAN PAN TO SEATH		THER'S NAME	77-	nderbeck	LAS	T	FIRS		MIC	DOLE		LAST	
Ë,			U					Este		Quacke	nbush			
AO	~ 4 & _	160. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIA	L SECURITY NO.	17. INFORMA	INT		ADDRESS			
BALTIMORE,	GIVE FOUTH FOR PAGES	L.	no	(# 163, 6176	WAR OR DATES	579-2	4-9426	James	R. Wri	ght, sa	me as 1	13-2-6		
			18 CAUSE OF	DEATH (Enter on	ly ane cause per line	for (a) (b) of	3d (c) )		3		2110 0.0 .		APPROXIMATE	INTERVAL
PRESTON ST.,		35	PARTIDE	ATH WAS CAUSE	D BY:	an I	1-1-1	N 7	1	10.01	1.	8	SETWIN ONSET	AND DEATH
NO	HIN 24 HO IN ITEM 1 R ALONG SIT PERMIT HYGIENE,		GE.	IMMEDIA	TE CAUSE (o). OR	A CONS	OLIENICE OF	- all lon	one //	maga	100	- 6	Hud	deale
EST			Condition	s, if any, which	DOE TO, OK	AS A CONGC	QUENCE OF							
	UTED WITHIN N PENCIL IN EXAMINER . IAL-TRANSIT MENTAL HYDON REMOVA		. gave rise	ta immediate										
3	EXAMINATED W		lying caus	stating the <u>under</u> -	DUE TO, OR	AS A CONSE	QUENCE OF							
301	ECUTED WITHIN 5" IN PENCIL IN 5" IN PENCIL IN 8" EXAMINER A 8URIAL-TRANSIT ND MENTAL HY NN, OR REMOVAL	16	7,9	<u> </u>	(c)		LE NEE					27.7		
os,	XUU 40	-	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	OUT NOT RELATED	TO THE TERMINAL OIS	ASE OR CONDITION G	IVEN IN PART 1 (a).					
RECORDS,	ULD BE EX PENDING EF MEDICA ED AS A B HEALTH A CREMATIO	N												
RE	PEN	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WE	ICH OPERATION	WAS PERFORME	ED?		1 5 1/	20	0. AUTOPSY?	
Z Z	SHOULD ORD "PEI CHIEF / CHIEF / SE USED IT OF HE/	FF			-3 -1									
DIVISION OF VITAL	WOR WOR THE O	1 2	21a EXTERNAL	CAUSE WAS	21b. TIME OF	INTURY	171,	HOW INJURY O	CCHRRED (SAI)	CER ALATTIBE OF INTE	PV (%) (TE44 10 B4B)	1 000040701	YES [	NO.
0	CAT TH TH	0	UNDERLYING	OR	HOUR A.M	MONTH D	AY YEAR	TIOW INJUNTO	CCORRED (EN	EK INATOKE OF INJU	KT IN HEM TO PAR	( TORPARI 2)		
ō	TIFIC TO TO TO ARE	5	CONTRIBUTIN	IG CAUSE OF		5-12		cels me	Lus	deline and	lars Cl	lead	- Su	T
N N	CER 3 S S S S S S S S S S S S S S S S S S S	AB	216. INJURY O		STREET FACT	OF INJURY (	AT HOME, 21f.	OCATION STREET		CITY OR TOW	N	COUNTY	0	MAIR
۵	THIS CERTIFICATE SHC S. WRITING THE WORD SWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT OF 1201 PRIOR TO BURIAL.	<	AT WORK	NOT WHILE AT WORK		Rge	-			01110111011		ARC	0	40
			22 4 44		f.a. i i						7			
		100			ge of the remains desc				Inspection 🗖	, Inquiry 1	, and in	n my apinia	n	
	A T WILL A		death resulte	d fram: Noty	ral causes',	Accident L	, Suicide	, Hamicidi	e L. Un	determined mai	nner,			
	EXAM CERTI UID B DIREC WITH		ACTUAL	SU	) A			TITLE (SPE	CIFY)			0.475	5.11	0.1
	A HOHE	1	SIGNATURE	church	zacell.			M.D. Depu	79 M	EDICAL EXAMI		DATE SIGNED_	3:11	0
	DIC DE STET TET TET TET TET TET TET TET TET T		EXAMINER'S N	IAME /	,-				-	- / .				
	A Dan Bar		(TYPE OR PRIN	(T)	LIUHAR	201		_ADDRESS	-unsy	40 ls,	met-			
	TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL D AFTER DEATH, A BALTMORE, MA			ION,REMOVAL 2		23c. NA/	ME OF CEMETERY	OR CREMATOR	Y 23d	LOCATION		COUNTY		ATE
	BP	C	rematio	n	5-19-82	Ft.	Lincoln	Cremator	y B	rentwoo	d. Mary		51	-116
	DHMH - 17		JNERAL DIRECT		William	Time	141		M	BY REGISTRAR	256, REGISTE		ATUM	
	(VR A15 ME (5))	B	eall Fu	neral Ho	me, 1212	Vest S	t., Anna	n Ma	MAY	L 8 1982	hour	L Chi	illasta	
	15M 7/77					0000	or mind	2000-40		0 1007	and the same	us Blick for	0.50	

41				20 an F W	-		The same
	6 6.5	necessary.				eu da.	
	Jo elky		S SEVENILE			g.	
		aldan.		Se dialors		1000	
			26 - 4-8				

STATE OF MARYLAND



- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME HENRY ZEITSCHEL.Sr. O DATE KNOWN ALFRED HINOM (TYPE OR PRINT) OF ESTI-ZEITSCHEL HENRY SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED Male White Sept. 15, 1914 67 To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Anne Arundel Maryland U.S.A. WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION! (TYPE OF WORK 1126. KIND OF BUSINESS .S.PostOff Letter Carrie Maryland 13b. COUNTY 13e. STREET ADDRESS Anne Arundel Pasadena 7626 Laurel Dr. NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alfred Zeitschel Annie Lay A . 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Daughter) ADDRESS 2600 222nd. St. (YES, NO. OR UNKNOWN) 216-01-6350 Mrs. Carol L. Urban Pasadena, Md. Yes W.W. 18 CAUSE OF DEATH (Enter only one couse per (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSECUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL YES [ NO. 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autapsy Inspection \_\_\_ and in my opinion PAGE 4 SHOULD BE
TO FUNERAL DIRECTOR
AFTER DEATH, WITH TI
BALLIMORE, MARYLAN death resulted fram Accident Suicide Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION May 1982 Md. Glen Haven Mem. Pk. Burial Glen Burnie, A.A. BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Singleton Funeral Home, Glen Burnie, 15M 7/77

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Henry The 1756 HEL 6 7 80 0 W 7115 ... 1. A. Co. 94 THE BORNE STORE HE WOLL TO WELL Comment which have been been the Supplied to the supplied of the State of an Marcal . Note: Letter to the contract of the contract

1	1,	FOR - STATE			TE OF MARYLAND HEALTH AND MENTAL HY	GIENE 8 2	11	3 6 7
(0		REGISTRAR		CERTI	FICATE OF DEATH	REG. N	O.	field from
poge 3		CEASED NAME FIRST	MIDDLE	τ	1 1 1 -	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 30
deo	3. SE	Hyn	14 RACE	E DATE	LLKO	4.405	5 12	82 8 AN
	J. JL	Malo	I I ) LIT	). DATE	OF BIRTH  TH DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS	R 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	76 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT O		15 1903	9. BALTIMORE CITY O	YRS.	
134		COUNTRY		MARRI	ED NEVER MARRIED	And And	$ \wedge$ $\wedge$	ounty un
The second	10 C	Baltimore MD.	USA	AL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS OR
(E)	A	nnapolis	And and	CONSTREET ADDRESSION	1. HOSP	Locksm:	DF WORKING LIFE) IND	lf-employed
a De	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSION	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	LOII PC.	II employed
				napolis	YES XX NO		arrett Bl	vd.
1 -7/	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NA			1167
No.		Samuel		Zelko	Sarah	MIDDLE		Block
medico		VAS DECEASED EVER IN U.S. ( YES, NO OR UNKNOWN) (IF YES.)	ARMED FORCES? 16b. SC GIVE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	ADDR	SS	
a l		no	≥16-	-32-5669	Minna C. Zel	ko 75 Amos		
nt, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for	(o), (b), and (c).)	+	W. Witte	Bi	APPROXIMATE INTERVAL ET WEEN ONSET AND DEATH
bonpo remo		1/10 IMMEDI	ATE CAUSE (0) [ 132	DIAC AIH	es V			
H of		9100	DUE TO, OR AS A C	CONSEQUENCE OF	HELDLAMI K	a PARTY		Eds.
trou		Conditions, if ony, which gove rise to immediate	(b)	Chi Pi	JEENLAME 1	N PHRECIM		Share
other		couse (a), stating the underlying couse lost.	DUE TO, OR AS A C	CONSEQUENCE OF	ASLID		1/16	
ury, or	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBU	JTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART Ito
ony inj	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION S	OR WHICH OPERATIO	N WAS PERFORMED	Tan HITODOWS	Tan in incommend	
	IFIC	THE OF STERMION	174. CONDITION TO	SK WINCH OFERANC	IN WAS PERFORMED	20g AUTOPSY?		AUSES OF DEATH?
IB shows	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	Y	21c. HOW INJURY OCCUR	YES NO	YES _	NO 🗌
1000		OR CONTRIBUTING CAUSE OF C	CAIN	ONTH DAY YEAR		(ENTER NATIONE OF MODI	THE PART OF	-Wut 21
or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e. PLACE OF INJU	19 RY	21f. LOCATION			
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	DRY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	wn con	NTY STATE
E S		22a.1 certify that (I) (this has	pital) attended the deceo	sed from -	10	Dist	10	About the found to a
2 1 is		sow the deceased alive of	on 3/1/	19	nd that in (my) (our) opinion	death occurred on the de	ote and hour and fre	, that (I) (we) fast
te a		22b. SIGNATURE	not) view the body ofter de	oth.	DEGREE			DATE SIGNED
T. H.		11.1	rie-		ATTENDING PHYSICIAN	MEDICAL STAF	F	5/11
ATAN		22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)		22e ADDRESS	DIRECTOR PHISIC	IAN	1
with the State								
	230. 8	URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y STATE
_		Burial INERAL DIRECTOR	5/13/82	Unite	ed Hebrew	Baltimo	re, Md.	
	24 EL						251 REGISTRAR'S S	

